

# FILING FOR WATER IN THE STATE OF UTAH

Rec. by Shu Fee Rec. 75 40 CE#072081

Receipt #

WATER AIGHTS

VERNAL APPLICATION TO APPROPRIATE WATER

For the purpose of acquiring the right to use a portion of the unappropriated water of the State of Utah, application is hereby made to the State Engineer, based upon the following showing of facts, submitted in accordance with the requirements to Title 73, Chapter 3 of the Utah Code Annotated (1953, as amended).

WATER RIGHT NUMBER: 49 - 1660

TEMPORARY APPLICATION NUMBER: T73765 \*

OWNERSHIP INFORMATION:

LAND OWNED? No

A. NAME:

Daibo Inc.

ADDRESS: P. O. Box 1168, Vernal, UT 84078

PRIORITY DATE:

December 4, 2001

FILING DATE: December 4, 2001

2. SOURCE INFORMATION:

QUANTITY OF WATER: 20.0 acre-feet

SOURCE: Evacuation Wash and White River В.

COUNTY: Uintah

POINTS OF DIVERSION -- SURFACE:

(1) N 400 feet W 1850 feet from EW corner, Section 2, T 10S, R 24E, SLBM

DIVERT WORKS: Pump into tank trucks

SOURCE:

White River

(2) N 1700 feet W 10 feet from SE corner, Section 2, T 12S, R 25E, SLBM

DIVERT WORKS: Pump into tank trucks

SOURCE:

Evacuation Wash

3. WATER USE INFORMATION:

OIL EXPLORATION: from Jan 1 to Dec 31. Drilling and completion of cil/gas wells in Park Canyon & Missouri Cr.

4. PLACE OF USE: (which includes all or part of the following legal subdivisions:)

				NOI	YTH-	-WES	3T <del>\</del>		ИQI	RTH	EA!	3T¥		SOT	ΓΓH.	-WES	ST¥		SO	אדל	EAS	T¾
BASE	TOWN	RANG	SEC	NW	NE	5W	SE		NW	NΕ	SW	SE		NW	NE	ŚW	\$ <u>E</u>		WA	NΞ	SW	SE
65	28	104W	12		1			***	1		1		***		<u> </u>	]		***	1	1	Х	
68	35	104W	<u>1</u>		1	ļ	}	***	1	<u> </u>	}	X	***					***	ļ 1	1		
•			11			1		***	1	X	1		+++				Ī	***	1	1		

FAX NO.: 435-789-9208

TEMPORARY APPLICATION for Water Right: 49 - 1660 continued\*\*\*

Page: 2

#### 5. EXPLANATORY:

Land is owned by Bureau of Land Management. Proper permits will be obtained.

#### 6. SIGNATURE OF APPLICANT(S):

The applicant(s) hereby acknowledge(s) that he/she/they are sitizen(s) of the United States of America or intend(s) to become such a citizen(s). The quantity of water sought to be appropriated is limited to that which can be beneficially used for the purposes herein described. The undersigned hereby acknowledges that even though he/ she/they may have been assisted in the preparation of the above-numbered application through the courtesy of the employees of the Division of Water Rights, all responsibility for the accuracy of information contained herein, at the time of filing, rests with the applicant(s).



Crazy Mountain Oil & Gas Service P.O. Box 577 Laurel, MT 59044 (406) 628-4164 (406) 628-4165

October 8, 2002

Mr. Ed Forsman
Bureau of Land Management
Vernal District Office
170 South 500 East
Vernal, UT 84078

---VIA Federal Express---

RE: Operator: Retamco Operating Inc.
Bonanza Unit
Notice of Staking – Three (3) Proposed Wells

Enclosed are the Notices of Staking for three proposed wells. Please contact Mr. Bill Ryan for the onsite inspections at (435) 789-0968 office or (435) 828-0968 cell. The proposed Hoss #15 is a commitment well for the unit and we would like to spud the well on November 15, 2002. Please let me know if there is anything we can do to expedite the approval of the Application for Permit to Drill.

Please contact me if you have any questions or need additional information.

Sincerely,

Molly Conrad

Agent for Retamco Operating Inc.

cc: State of Utah

Joe Glennon, Retamco Operating

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OCT 15 2002

DIVISION OF OIL, GAS AND MINING



Crazy Mountain Oil & Gas Service P.O. Box 577 Laurel, MT 59044 (406) 628-4164 (406) 628-4165

October 15, 2002

State of Utah Division of Oil, Gas & Mining 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, UT 84116-5801

---VIA Federal Express---Airbill 8214-5976-4621

RE: Operator: Retamco Operating Inc.
Application for Permit to Drill
Hoss #15
NESE Section 20, T9S, R25E
Uintah County, Utah

Enclosed is the Application for Permit to Drill (APD) for the subject well. Please contact Mr. Bill Ryan at Rocky Mountain Consulting for the onsite inspections at (435) 789-0968 office or (435) 828-0968 cell. The proposed Hoss #15 is a commitment well for the Bonanza Unit and we would like to spud the well on November 7, 2002. Please let me know if there is anything we can do to expedite the approval of the Application for Permit to Drill.

Please contact me at 406-628-4164 if you have any questions or require additional information.

Sincerely,

Molly Conrad
Agent for Retamon Onevotion

Agent for Retamco Operating Inc.

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DIVISION OF OIL, GAS AND MINING

# STATE OF UTAH

0 0 5

1A. TYPE OF WORK:

B. TYPE OF WELL:

P.O. Box 577

2 NAME OF OPERATOR

3. ADDRESS OF OPERATOR:

4. LOCATION OF WELL (FOOTAGES)

AT PROPOSED PRODUCING ZONE:

**DEPARTMENT OF NATURAL RESOURCES** DIVISION OF OIL, GAS AND MINING

SINGLE ZONE MULTIPLÉ ZONE 🗹

PHOME NUMBER:

(406) 628-4164

4431234 Y 40.01795

DEEPEN 🗌

ZIP 59044

16. NUMBER OF ACRES IN LEASE:

APPLICATION FOR PERMIT TO DRILL

STATE MT

AT SURFACE: 1374' FSL & 1152' FEL NESE Section 20, T9S, R25E 6/0534 X-104. 11888

Approximately 3 miles East of Bonanza, Utah on Stanton Road - See Surface Use Program

REENTER

OTHER

DRILL 2

OIL 🔲 GAS 🗹

Retamco Operating Inc. c/o Crazy Mountain Inc.

**CITY Laurel** 

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE:

15. DISTANCE TO NEAREST PROPERTY OR LEASE LINE (FEET)

		FORM 3
. 1		D REPORT   t changes)
7	5. MINERAL LEASE NO:	6. SURFACE:
	ML-45558	State
	7. IF INDIAN, ALLOTTEE OR 1	TRIBE NAME:
1	n/a	
Ø	8. UNIT OF CA AGREEMENT N	IAME:
	Bonanza Unit	
	9, WELL NAME and NUMBER	
	Hoss #15	•
	10. FIELD AND POOL, OR WI	LDCAT:
	Wildcat	
5	11. QTR/QTR, SECTION, TOV MERIDIAN:	VNSHIP, RANGE,
	NESE 20 9S	25E
!	!	
	12. COUNTY:	13, STATE: UTAH
ran .	Uintah	)
17. N	UMBER OF ACRES ASSIGNED	TO THIS WELL:
		40 acres
		40.00

Approximately 1374 1376.66 18. DISTANCE TO NEAREST WELL (DRILLING, COMPLETED, OR APPLIED FOR) ON THIS LEASE (FEET) 19 PROPOSED DEPTH: 20. BOND DESCRIPTION: 5.480 UT-1088 21. ELEVATIONS (SHOW WHETHER DF, RT, GR, ETC.): 22. APPROXIMATE DATE WORK WILL START: 23. ESTIMATED DURATION: 5658.5' GL 11/7/2002 10 Days PROPOSED CASING AND CEMENTING PROGRAM 24. SIZE OF HOLE CASING SIZE, GRADE, AND WEIGHT PER FOOT SETTING DENTH CEMENT TYPE, QUANTITY, YIELD, AND SLURRY WEIGHT 12-1/4" 9-5/8" H-40 32.3# 300 280 sks Halliburton Hi-Fill Cmt 1.16 Yld 15.8#/gal wt 7-7/8" 4-1/2" J-55 11.6# 5.500 260 sks Halliburton Hi-Fill Cmt 3.85 Yld 11#/gal wt Followed by 365 sks **Premium AG** w/additives Pleasè see the **Drilling Prog** Attached 25. **ATTACHMENTS** VERIFY THE FOLLOWING AND ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES: WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER COMPLETE DRILLING PLAN EVIDENCE OF DIVISION OF WATER RIGHTS APPROVAL FOR USE OF WATER FORM 5, IF OPERATOR IS PERSON OR COMPANY OTHER THAN THE LEASE OWNER NAME (PLEASE PRINT) Molly Conrad Agent for Retamco Operating Inc. onca0

API NUMBER ASSIGNED:

(This space for State use only)

43-047-34156

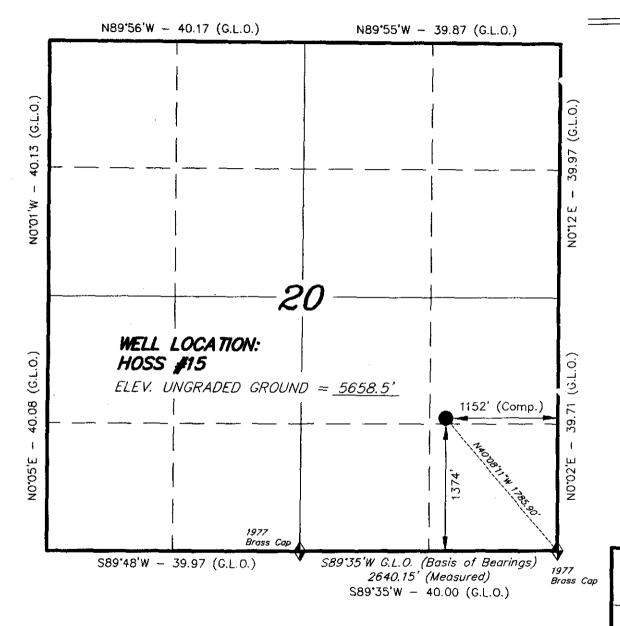
APPROVAL:

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OCT 16 2002

**DIVISION OF** OIL, GAS AND MINING

# T9S, R25E, S.L.B.&M.



♦ ≈ SECTION CORNERS LOCATED

BASIS OF ELEV; U.S.G.S. 7-1/2 min QUAD (WALSH KNOLLS)

# RETAMCO OPERATING, INC.

WELL LOCATION, HOSS #15, LOCATED AS SHOWN IN THE NE 1/4 SE 1/4 OF SECTION 20, T9S, R25E, S.L.B.&M. UINTAH COUNTY, UTAH.

THIS IS TO CERTIFY THAT THE ABOVE OF LAAMOS PREPARED FROM FIELD NOTES OF COTUAL SURVEYS MADE BY ME OR UNDER MY SURFRYISTON AND THAT THE SAME ARE TRUE AND CARRECTO TO THE BEST OF MY KNOWLEDGE AND BELIEFS W STACY W.

REGISTERED LANDASL REGISTRATION No. SE STATE OF UTAH

# TRI STATE LAND SURVEYING & CONSULTING

180 NORTH VERNAL AVE. - VERNAL, UTAH 84078 (435) 781-2501

SCALE: 1" = 1000' SURVEYED BY: D.J.S.

DATE: 10-3-02

DRAWN BY: J.R.S. FILE #

APD RECEIVED: 10/16/2002	API NO. ASSIGN	ED: 43-047-347	756	
WELL NAME: HOSS #15  OPERATOR: RETAMCO OPERATING INC ( N6020 )  CONTACT: MOLLY CONRAD	PHONE NUMBER: 4	06-628-4164		
PROPOSED LOCATION: SWSE 20 090S 250E	INSPECT LOCATE	1 BY: /	/	
SURFACE: 1374 FSL 1152 FEL 1291 FSL 2088 FEL	Tech Review	Initials	Date	
BOTTOM: 1374 FSL 1152 FEB 1291 FSL 2088 FeL	Engineering	DKO	11/14/02	
UINTAH UNDESIGNATED ( 2 )	Geology			
LEASE TYPE: 3 - State	Surface			
LEASE NUMBER: ML-45558  SURFACE OWNER: 3 - State  PROPOSED FORMATION: MVRD	LATITUDE: -40:01795 -10 01778  LONGITUDE: 109:11888 -109:12224			
Plat  Bond: Fed[] Ind[] Sta[3] Fee[]  (No. WTATOSS Sit SSEACNS9  N Potash (Y/N)  N Oil Shale 190-5 (B) or 190-3 or 190-13  Water Permit  (No. W49-11-160)	R649-3-3.  Drilling Un  Board Caus  Eff Date:  Siting:	General From Qtr/Qtr & 920 Exception it		
STIPULATIONS: 1- Spacing Stop  2- Production casing tail Com  3- STATEMENT OF BY		6) Shall cove	r all production zon	

T9S R24E	S R25E			
13	16	17	16	15
		BONANZA UNIT		
24	19	HOSS #15	21	22
26	30	28	28	27
SEC. 20 T9S FIELD: WILDO COUNTY: UIN			ah Oil Gas and	Mining
Well Status  GAS INJECTION GAS STORAGE  LOCATION AB NEW LOCATION PLUGGED & AI PRODUCING OF SHUT-IN GAS SHUT-IN OIL TEMP. ABAND TEST WELL WATER SUPPL WATER SUPPL WATER DISPO	GAS STANDONED  NF PP  NF SECON  BANDONED  PENDI  PP GAS  PP GEO  PP OIL  SECON  TERMI	COMBINE INACTIVE ING PROPOSE STORAGE TERMINA	ED W F E D S C TTED  Lines  Lines  undaries  PREPARED	BY: DIANA MASON OCTOBER-2002



Crazy Mountain Oil & Gas Service P.O. Box 577 Laurel, MT 59044 (406) 628-4164 (406) 628-4165

October 15, 2002

State of Utah Division of Oil, Gas & Mining 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, UT 84116-5801

---VIA Federal Express---

RE: Operator: Retamco Operating Inc. Application for Permit to Drill Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah

Enclosed is the Cultural Resource Inventory Report to accompany our Application for Permit to Drill (APD) for the subject well.

Please contact me at 406-628-4164 if you have any questions or require additional information.

Sincerely,

Molly Contrad

Agent for Retamco Operating Inc.

RECEIVED

OCT 2 1 2002

DIVISION OF OIL, GAS AND MINING

# RECEIVED

OCT 2# 2002

DIVISION OF OIL, GAS AND MINING



Crazy Mountain Oil & Gas Service P.O. Box 577
Laurel, MT 59044
(406) 628-4164
(406) 628-4165

October 22, 2002

State of Utah Division of Oil, Gas & Mining 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, UT 84116-5801

~~~VIA Federal Express~~~

RE: Operator: Retamco Operating Inc. Application for Permit to Drill Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah

Retamco would like to request an exception location for this well. The location was moved 177' due to topography. Please contact Mr. Bill Ryan at Rocky Mountain Consulting for the onsite inspections at (435) 789-0968 office or (435) 828-0968 cell.

Please contact me at 406-628-4164 if you have any questions or require additional information.

Sincerely,

Molly Contad

Agent for Retamco Operating Inc.



# United States Department of the Interior

### **BUREAU OF LAND MANAGEMENT**

Utah State Office P.O. Box 45155 Salt Lake City, UT 84145-0155

IN REPLY REFER TO: 3180 (UT-920)

NOV 01 2002

Retamco Operating Inc. 3301 Stonewall Lane Billings, MT 59102

> Re: Bonanza Unit Uintah County, Utah

Gentlemen:

Your request dated October 25, 2002, to move the initial obligation well from the NE1/4 to the

SE1/4 of Section 20, T. 9S., R. 25E., SLM, Uintah County, Utah is approved.

Sincerely,

(ORIG. SGD.) R. A. HENRICKS

R. A. Henricks Chief, Branch of Fluid Minerals

bcc: Vernal Field Office
Bonanza Unit File
Unit Chron File
Fluid Chron File

# **United States Department of the Interior**

#### **BUREAU OF LAND MANAGEMENT**

Utah State Office P.O. Box 45155 Salt Lake City, Utah 84145-0155

IN REPLY REFER TO: 3160 (UT-922)

<date>

#### Memorandum

To:

Assistant District Manager Minerals, Vernal District

From:

Michael Coulthard, Petroleum Engineer

Subject:

2002 Plan of Development Bonanza Unit, Uintah County, Utah.

Pursuant to email between Diana Mason, Division of Oil, Gas and Mining, and Mickey Coulthard, Utah State Office, Bureau of Land Management. The following well is planned for calendar year 2002 within the Bonanza Unit, Uintah County, Utah.

Api Number

Well

Location

(Proposed PZ Mesa Verde)

43-047-34756 Hoss #15 Sec. 20 T9S R25E 1374 FSL 1152 FEL

This office has no objection to permitting the well at this time.

/s/ Michael L. Coulthard

bcc:

File - Bonanza Unit

Division of Oil Gas and Mining

Agr. Sec. Chron Fluid Chron

MCoulthard:mc:<date>-<date>

### ON-SITE PREDRILL EVALUATION Division of Oil, Gas and Mining

OPERATOR: RETAMCO OPERATING INC

WELL NAME & NUMBER: HOSS #15

**API NUMBER:** 43-047-34756

LEASE: ML-45558 FIELD/UNIT: WILDCAT

**LOCATION:** 1/4,1/4SW/SE Sec: 20 TWP: 9SRNG: 25E 2088' FEL 1291' FSL

LEGAL WELL SITING: 460 from qtr/qtr 920 between wells.

GPS COORD (UTM):4431404E 660187N SURFACE OWNER: STATE OF UTAH

#### **PARTICIPANTS**

DAVID W. HACKFORD (DOGM), FLOYD BARTLETT (DWR), ED BONNER (SITLA), BILL RYAN, (RETAMCO).

#### REGIONAL/LOCAL SETTING & TOPOGRAPHY

SITE IS APPROX. 3 MILES EAST OF BONANZA, UTAH 0.5 MILES SOUTH OF THE STANTON ROAD. SITE IS 200' NORTHWEST OF THE RIM OF COWBOY CANYON. WHITE RIVER RUNS THROUGH THIS CANYON FROM THE NORTHEAST TO THE SOUTH WEST. THE RIVER IS TWO MILES SOUTHEAST OF PROPOSED SITE.

#### SURFACE USE PLAN

CURRENT SURFACE USE: WILDLIFE AND LIVESTOCK GRAZING, HUNTING.

PROPOSED SURFACE DISTURBANCE: LOCATION WILL BE 225' BY 215'. ACCESS ROAD WILL BE 200'. 0.6 MILES OF EXISTING TWO TRACK WILL BE UPGRADED.

LOCATION OF EXISTING WELLS WITHIN A 1 MILE RADIUS: SEE ATTACHED MAP FROM GIS DATABASE.

LOCATION OF PRODUCTION FACILITIES AND PIPELINES: ALL PRODUCTION FACALITIES WILL BE ON LOCATION AND ADDED AFTER DRILLING WELL. IF NECESSARY, A PIPELINE WILL BE PERMITTED LATER.

SOURCE OF CONSTRUCTION MATERIAL: ALL CONSTRUCTION MATERIAL WILL BE BORROWED FROM SITE DURING CONSTRUCTION OF LOCATION.

ANCILLARY FACILITIES: NONE WILL BE REQUIRED.

#### WASTE MANAGEMENT PLAN:

DRILLED CUTTINGS WILL BE SETTLED INTO RESERVE PIT. LIQUIDS FROM PIT WILL BE ALLOWED TO EVAPORATE. FORMATION WATER WILL BE CONFINED TO STORAGE TANKS. SEWAGE FACILITIES, STORAGE AND DISPOSAL WILL BE HANDLED BY COMMERCIAL CONTRACTOR. TRASH WILL BE CONTAINED IN TRASH BASKETS AND HAULED TO AN APPROVED LAND FILL

#### **ENVIRONMENTAL PARAMETERS**

AFFECTED FLOODPLAINS AND/OR WETLANDS: NONE

FLORA/FAUNA: JUNIPER, SAGE, GREASEWOOD, PRICKLEY PEAR, NATIVE GRASSES: PRONGHORN, COYOTES, SONGBIRDS, RAPTORS, RODENTS, RABBITS, DEER.

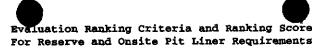
SOIL TYPE AND CHARACTERISTICS: LIGHT BROWN SANDY LOAM. NATURAL EROSION. VERY LITTLE EROSION/SEDIMENTATION/STABILITY: SEDIMENTATION AND STABILITY ARE NOT A PROBLEM AND LOCATION CONSTRUCTION SHOULDN'T CAUSE AN INCREASE IN STABILITY OR EROSION PROBLEMS. PALEONTOLOGICAL POTENTIAL: NONE OBSERVED. RESERVE PIT CHARACTERISTICS: 170' BY 40' AND 6' DEEP. LINER REQUIREMENTS (Site Ranking Form attached): A 12 MIL LINER AND A FELT SUBLINER WILL BE REQUIRED FOR RESERVE PIT. SURFACE RESTORATION/RECLAMATION PLAN AS PER SITLA. SURFACE AGREEMENT: AS PER SITLA. RESOURCES/ARCHAEOLOGY: SITE WAS INSPECTED BY MONTGOMERY CULTURAL ARCHAEOLOGICAL CONSULTANTS ON 11/6/02. A REPORT OF THIS INVESTIGATION WILL BE PLACED ON FILE. OTHER OBSERVATIONS/COMMENTS

THIS PREDRILL INVESTIGATION WAS CONDUCTED ON A COOL, CLOUDY DAY.

#### **ATTACHMENTS**

PHOTOS OF THIS SITE WERE TAKEN AND PLACED ON FILE.

DAVID W. HACKFORD DOGM REPRESENTATIVE <u>11/8/02</u>. 1:45 PM DATE/TIME



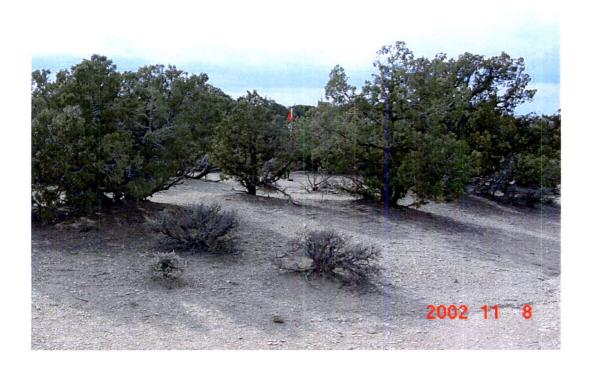
| Site-Specific Factors            | Ranking | Site Ranking |
|----------------------------------|---------|--------------|
| Distance to Groundwater (feet)   |         |              |
| >200                             | 0       |              |
| 100 to 200                       | 5<br>10 |              |
| 75 to 100<br>25 to 75            | 15      |              |
| <25 or recharge area             | 20      | 5            |
| Distance to Surf. Water (feet)   |         |              |
| >1000                            | 0       |              |
| 300 to 1000                      | 2       |              |
| 200 to 300                       | 10      |              |
| 100 to 200                       | 15      | •            |
| < 100                            | 20      | 0            |
| Distance to Nearest Municipal    |         |              |
| Well (feet)                      |         |              |
| >5280                            | 0       |              |
| 1320 to 5280                     | 5       |              |
| 500 to 1320                      | 10      | 0            |
| <500                             | 20      |              |
| Distance to Other Wells (feet)   |         |              |
| >1320                            | 0       |              |
| 300 to 1320                      | 10      | •            |
| <300                             | 20      | 0            |
| Native Soil Type                 |         |              |
| Low permeability                 | 0       |              |
| Mod. permeability                | 10      |              |
| High permeability                | 20      |              |
| Fluid Type                       |         |              |
| Air/mist                         | D       |              |
| Fresh Water                      | 5       |              |
| TDS >5000 and <10000             | 10      |              |
| TDS >10000 or Oil Base Mud Fluid | 15      |              |
| containing significant levels of |         |              |
| hazardous constituents           | 20      | 5            |
| Drill Cuttings                   |         |              |
| Normal Rock                      | 0       |              |
| Salt or detrimental              | 10      | 0            |
| Annual Precipitation (inches)    |         |              |
| <10                              | 0       |              |
| 10 to 20                         | 5       |              |
| >20                              | 10      | 0            |
| Affected Depulations             |         |              |
| Affected Populations <10         | 0       |              |
| 10 to 30                         | 6       |              |
| 30 to 50                         | 8       |              |
| >50                              | 10      | 0            |
| Presence of Nearby Utility       |         |              |
| Conduits                         |         |              |
| Not Present                      | 0       |              |
| Unknown                          | 10      |              |
| Present                          | 15      | 0            |
|                                  |         |              |

Final Score 30 (Level I Sensitivity)

Sensitivity Level 1 = 20 or more; total containment is required. Sensitivity Level II = 15-19; lining is discretionary.

Sensitivity Level III = below 15; no specific lining is required.









Crazy Mountain Oil & Gas Service P.O. Box 577 Laurel, MT 59044 (406) 628-4164 (406) 628-4165

November 8, 2002

Diana Utah Division of Oil, Gas & Mining 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, UT 84114-5801

---VIA Federal Express---

RE: Operator: Retamco Operating Inc. Amended APD Hoss #15 SWSE Section 20, T9S, R25E Uintah County, Utah

Enclosed is an amended Form 3 for the subject well. During our on-site inspection with Mr. David Hackford it was decided to move the location due to accessibility. I have also enclosed a revised survey plat and maps and a new Archeological Study.

Please call me if you require additional information.

Sincerely,

Molly Conrad

Agent for Retamco Operating Inc.

RECEIVED

NOV 1 2 2002

DIVISION OF OIL, GAS AND MINING

FORM 3

# STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES

DIVISION OF OIL, GAS AND MINING

| AMENDED REPORT      |  |
|---------------------|--|
| (highlight changes) |  |

| À                        | A SELIA LEIGH EGE SERVIET TA SEU I |                                       |                  |                    |                      | ML-4555                        |              | State                    |                      |                                       |
|--------------------------|------------------------------------|---------------------------------------|------------------|--------------------|----------------------|--------------------------------|--------------|--------------------------|----------------------|---------------------------------------|
| 1A. TYPE OF WO           | RA D                               | RILL 🗹                                | REENTER [        | DEEPEN             |                      |                                |              | 7. IF INDIAN, /<br>n/a   | ALLOTTEE OR TE       | RIBE NAME:                            |
| B. TYPE OF WEI           | r: ohr 🗆                           | GAS 🗹                                 | OTHER            | SIN                | GLE ZONE [           | MULTIPLE Z                     | ONE 🗹        | 8. UNIT or CA<br>Bonanza | AGREEMENT NA         | ME:                                   |
| 2. NAME OF OPE           |                                    | c., c/o Crazy                         | / Mountain In    | nc '               | <del>. — . — .</del> |                                | <del>-</del> |                          | and NUMBER:          |                                       |
| 3. ADDRESS OF P.O. Box 5 | OPERATOR:                          | Laure                                 |                  | MT ZIP 59          | 044                  | PHONE NUMBER:<br>(406) 628-416 | <br>64       | / _                      | POOL, OR WILI        | OCAT:                                 |
| 4. LOCATION OF           | WELL (FOOTAGE                      | ES)                                   |                  | 71                 |                      | 2 - COV 4/A                    | 0170 6/      | 11. QTR/QTR,             | SECTION, TOWI        | NSHIP, RANGE,                         |
| AT SURFACE:              | 1291' FSL                          | & 2088 FE                             | L SWSE Sec       | ction 20, T9S,     | R25E 64              | 31209Y 40.                     | 1.12324      | SWSE                     |                      | 25E                                   |
|                          | PRODUCING ZO                       |                                       |                  |                    |                      |                                |              |                          |                      |                                       |
|                          |                                    |                                       | REST TOWN OR PO  |                    |                      |                                |              | 12. COUNTY:              |                      | 13, STATE:<br>UTAH                    |
|                          | -                                  |                                       | ( '              |                    |                      | Surface Use F                  |              | Uintah                   |                      |                                       |
|                          |                                    | PERTY OR LEASE                        | LINE (FEET)      | 16. NUMBER O       | ACRES IN LEA         |                                | j            | UMBER OF ACR             | RES ASSIGNED T       |                                       |
| Approxima                |                                    | (DD# 1840, 0014                       |                  | 1                  |                      | 1376.6                         |              |                          |                      | 40 acres                              |
|                          | ON THIS LEAS!                      | L (DRILLING, COMI<br>E (FEET)         | PLETED, OR       | 19. PROPOSED       | DEPTH:               | 5,48                           | i            | OND DESCRIPT             | ION:                 |                                       |
| n/a<br>21, ELEVATIONS    | (SHOW WHETHE                       | R DF, RT, GR, ETC                     | EA):             | 22. APPROXIM       | TE DATE/WORL         |                                |              | T-1088<br>Stimated dur   | ATION:               | <del></del>                           |
| 5796.1' G                |                                    |                                       |                  | 11/12/20           | 7                    |                                |              | Days                     |                      |                                       |
| 24.                      |                                    | · · · · · · · · · · · · · · · · · · · | PPOPOS           | SED CASING A       | ND CEMEN             | TING PROGRA                    | l<br>4.0     | <del></del>              |                      | <del></del>                           |
| SIZE OF HOLE             | CARING SIZE                        | GRADE, AND WEI                        | <del></del>      | SETTING DEPTH      | AD CEMEN             |                                |              |                          |                      |                                       |
| 12-1/4"                  | 9-5/8"                             | H-40                                  | 32.3#            | <del>/</del>       | 200 000 1            |                                |              | YIELD, AND SL            |                      | 45 8#1-1-4                            |
| 7-7/8"                   | 4-1/2"                             | J-55                                  | 11.6#            | 5,500              | <del></del>          | talliburton<br>talliburton     |              | II Cmt<br>II Cmt         | 1.16 Yld<br>3.85 Yld | 15.8#/gal wt<br>11#/gal wt            |
|                          |                                    |                                       | 11.0#            | / 3,300            | $\overline{}$        | <del></del>                    | Premiu       | <del></del>              | /additives           | - I Imyai wi                          |
|                          | <del></del>                        | <u></u>                               | N                | · <del></del> ,    | <del>/_</del>        | ng Program                     |              |                          |                      | <del></del>                           |
|                          |                                    |                                       | 7/%              |                    | <u> </u>             |                                |              | ·                        | <del></del>          | <del></del>                           |
| -                        |                                    |                                       |                  |                    |                      |                                |              | DEC                      | CEIV                 | ED                                    |
|                          |                                    |                                       | 7                |                    |                      |                                |              | _                        |                      |                                       |
| 25.                      |                                    | OVD/                                  |                  | ATTA               | CHMENTS              |                                |              | NO                       | V 1 2 20             | 02                                    |
| VERIFY THE FOL           | LOWING ARE AT                      | TACHED IN ACCO                        | RDANCE WITH THE  | UTAH OIL AND GAS C | DNSERVATION          | GENERAL RULES:                 |              | Dľ                       | VISION O             | F<br>UNING                            |
| WELL PL                  | AT OR MAP PREF                     | PARED BY LICENSI                      | ED SURVEYOR OR E | ENGINEER           | □ 00                 | MPLETE DRILLING PL             | AN \         | OIL, GA                  | S AND M              | Illana                                |
| EVIDENC                  | E OF DIVISION O                    | /<br>OF WATER RIGHTS                  | APPROVAL FOR US  | BE OF WATER        | ☐ FO                 | RM 5, IF OPERATOR IS           | PERSON (     | OR COMPANY O             | THER THAN THE        | LEASE OWNER                           |
|                          | <del>-/-</del>                     |                                       | <del></del> -    | <del></del>        | <u></u>              |                                |              | $- \overline{\ }$        |                      |                                       |
| NAME (PLEASE)            | RINT) Molly                        | Conrad                                |                  | <b>^</b>           |                      | Agent for R                    | etamco       | Operating                | Inc.                 | ·<br>·                                |
| SIGNATURE                | <u> 2000</u>                       | ulo                                   | mao              |                    | DAT                  | 11/8/2002                      |              | \<br>                    |                      | · · · · · · · · · · · · · · · · · · · |
| (This space for Sta      | te use only)                       | O                                     | - <u>-</u>       |                    |                      |                                |              |                          |                      |                                       |
|                          |                                    |                                       |                  |                    |                      |                                |              |                          |                      |                                       |
| API NUMBER ASS           | SIGNED:                            | ····                                  | - <u>-</u> -     |                    | APPROVAL             | <u>.</u>                       |              |                          | \                    |                                       |

003

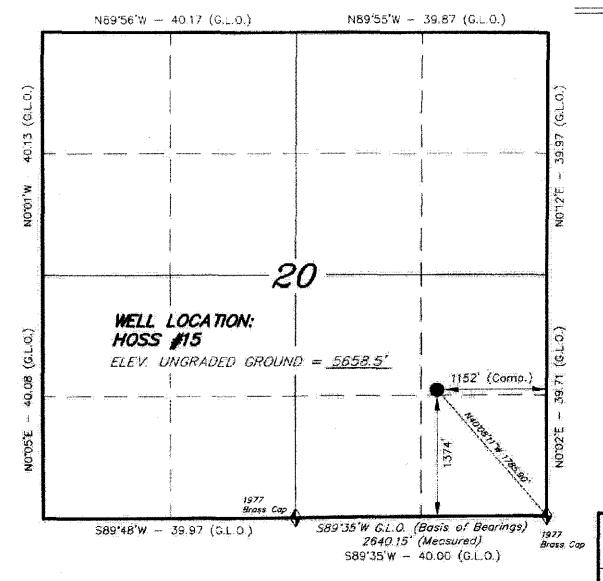
| NOTICE OF STAKING        |                         |                         | 6. Lease Number                     |                  |  |  |  |
|--------------------------|-------------------------|-------------------------|-------------------------------------|------------------|--|--|--|
|                          |                         |                         | State Lease<br>ML45558              |                  |  |  |  |
|                          |                         |                         |                                     |                  |  |  |  |
| 1. Oil Well              | Gas WellX               | OtherSpecify            | 7. Indian, Alotte or Tribe Name     |                  |  |  |  |
|                          |                         | <b>,</b>                | n/a                                 |                  |  |  |  |
| 2. Name of Operator      | <del></del>             |                         | 8. Unit Agreement Name              |                  |  |  |  |
|                          |                         |                         | Bonanza Unit                        |                  |  |  |  |
|                          | Retamco Operating In-   | <u>c</u>                | UTU80155X                           | <u> </u>         |  |  |  |
| 3. Name of Specific Co   | ntact Person            |                         | 9. Farm or Lease Name               |                  |  |  |  |
|                          | Molly Conrad, Agent fo  | or Retamco Operating    | Hoss                                |                  |  |  |  |
| 4. Address & Phone No    |                         |                         | 10. Well No.                        |                  |  |  |  |
| Operator:                | Retarnco Operating In-  | c.                      | #15                                 |                  |  |  |  |
|                          | Billings, MT 59102 (4   | 06) 248-5594            | 11. Field or Wildcat Name           |                  |  |  |  |
|                          | ·                       | •                       | Bonanza Unit                        |                  |  |  |  |
| Permitting Agent:        | Molly Conrad            |                         |                                     |                  |  |  |  |
|                          | Crazy Mountain, Inc.    |                         | 12. Sec., T., R., M., or Blk and Si | urvey            |  |  |  |
| •                        | P.O. Box 577            |                         | or Area                             |                  |  |  |  |
| E Conformi annima ati    | Laurel MT 59044 (406    | 5)628-4164              | NE SE Section 20, T9S, R25E         |                  |  |  |  |
| 5. Surface Location of   |                         |                         | 115054 // 12 505                    |                  |  |  |  |
|                          | 1374' FSL & 1152' FE    | <b>L</b>                | NE SE Section 20, T9S, R25E         |                  |  |  |  |
| Attach:                  | a) Sketch showing roa   | d entry onto pad, pad o | limensions, and reserve pit.        |                  |  |  |  |
|                          | b) Topographical or ot  | her acceptable map sho  | owing location, access road         |                  |  |  |  |
|                          | and lease boundaries.   |                         |                                     |                  |  |  |  |
| 15. Formation Objective  | e (s)                   | 16. Estimated Well      | 13. County, Parish or Bourough      | 14. State        |  |  |  |
| •                        | Wasatch                 | Depth                   |                                     |                  |  |  |  |
|                          | Mesa Verde              | ,                       |                                     | 1                |  |  |  |
|                          | Green River             | 4250'                   | Uintah County                       | ) u <del>r</del> |  |  |  |
| 17. Additional Informati | on (as appropriate; sha | li include surface owne | r's name.                           |                  |  |  |  |
|                          |                         |                         |                                     |                  |  |  |  |
| 10.0                     |                         |                         |                                     | <del></del>      |  |  |  |
| 18. Signed Molle         | Conrad                  | Title Agent for F       | Retamco Operating Inc. Date         | 10/8/2002        |  |  |  |
| NOTE                     | )<br>                   |                         |                                     |                  |  |  |  |

Upon receipt of the Notice, the Bureau of Land Management (BLM) will schedule the date of the onsite predrill inspection and notify you accordingly. The location must be staked and access road flagged prior to the onsite.

Operators must consider the prior to the onsite:

- a) H2S Potential
- b) Cultural Resources (Archeology)
  c) Federal Right-of-Way or Special Use Permit

# T9S, R25E, S.L.B.&M.



RETAMCO OPERATING, INC.

WELL LOCATION, HOSS #15, LOCATED AS SHOWN IN THE NE 1/4 SE 1/4 OF SECTION 20, T95, R25E, S.L.B.&M. UINTAH COUNTY, UTAH.

THIS IS TO CERTIFY THAT THE APPLY OF LANAS
PREPARED FROM FIELD NOTES OF ACTUAL SURVEY
MADE BY ME OR UNDER MY SUBSTRIBUTE AND CHARGE AND HARD
THE SAME ARE TRUE AND CORRECT TO THE BETT OF
MY KNOWLEDGE AND BELIEF TO STACY W.

RECISTERED LAND SURVE OR
RECISTERED LAND SURVE OR
RECISTERATION NO. 88937

TRI STATE LAND SURVEYING & CONSULTING 180 NORTH VERNAL AVE. - VERNAL, UTAH 84078 (435) 781-2501

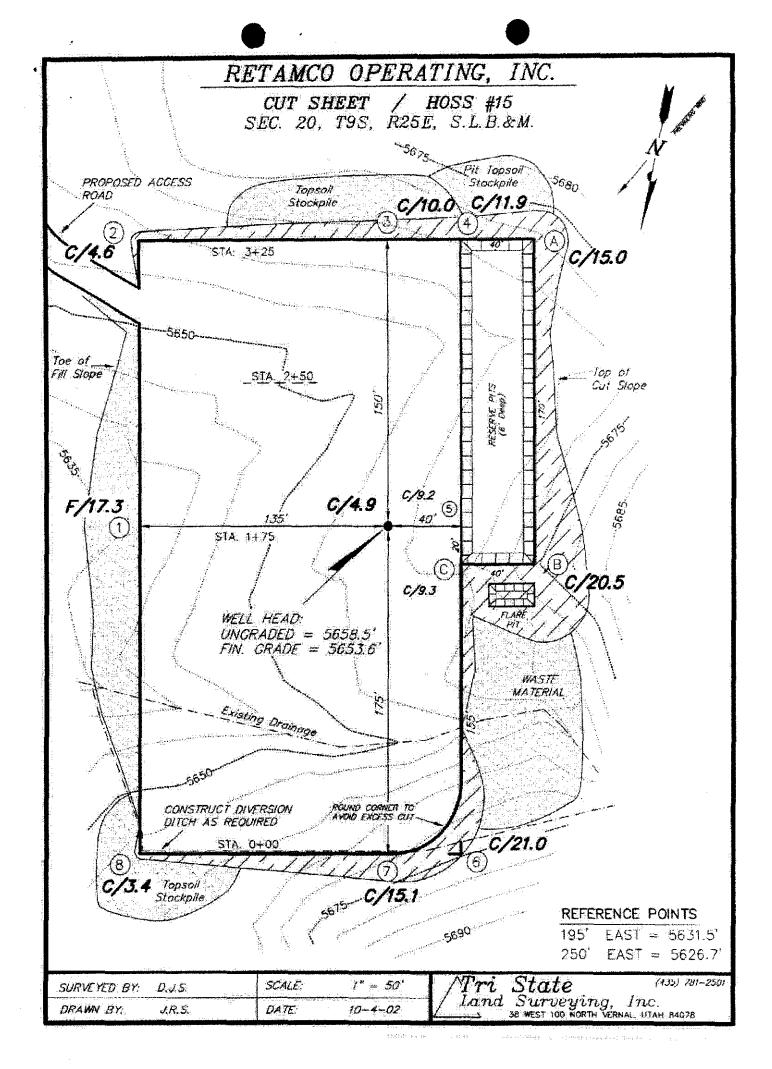
SCALE: 1" = 1000' SURVEYED BY: D.J.S.

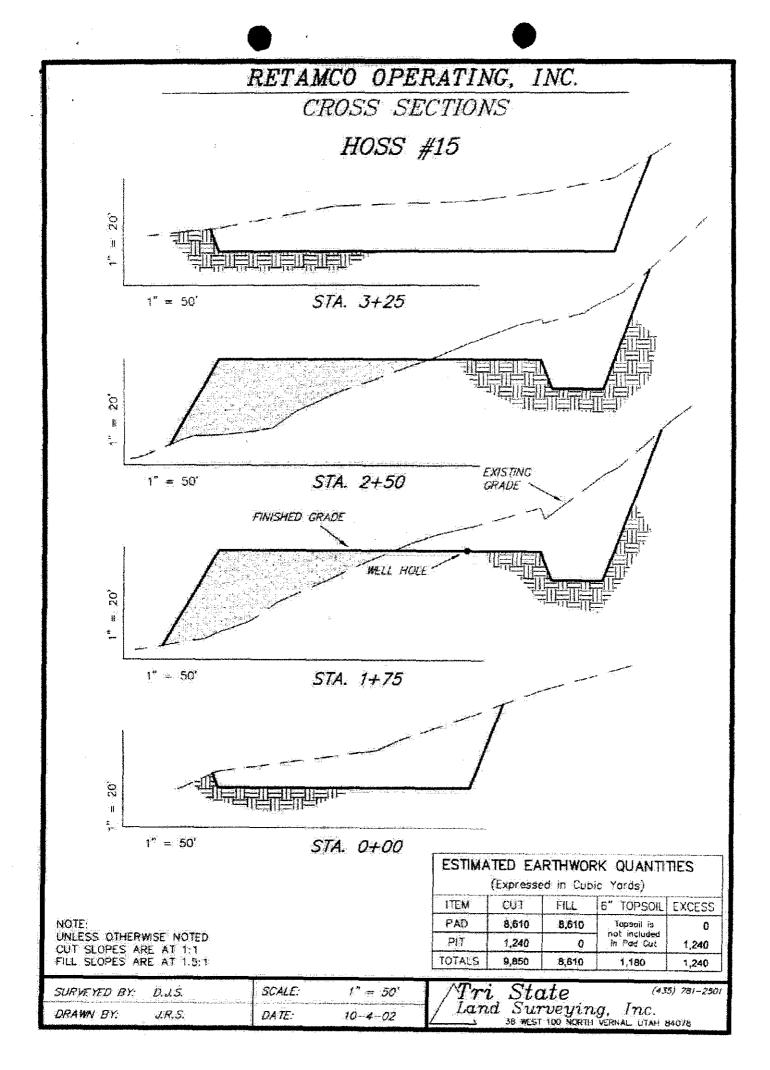
DATE: 10-3-02

DRAWN BY: J.R.S. FILE #

\* = SECTION CORNERS LOCATED

BASIS OF ELEV: U.S.G.S. 7-1/2 min QUAD (WALSH KNOLLS)

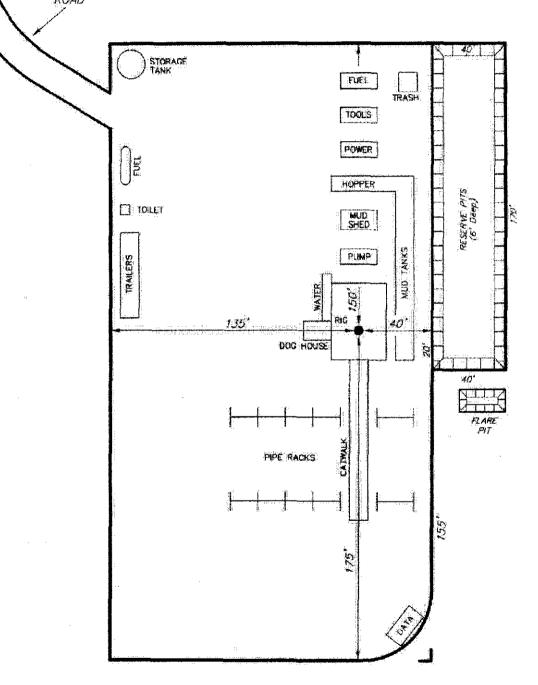




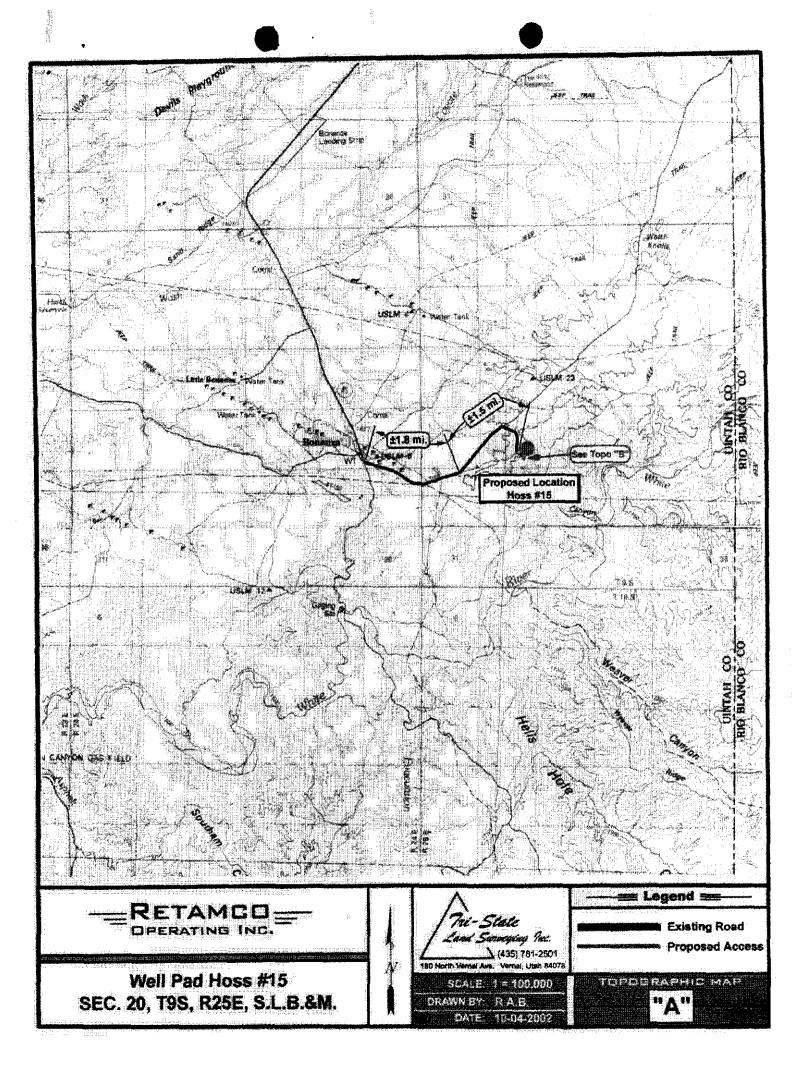
# RETAMCO OPERATING, INC.

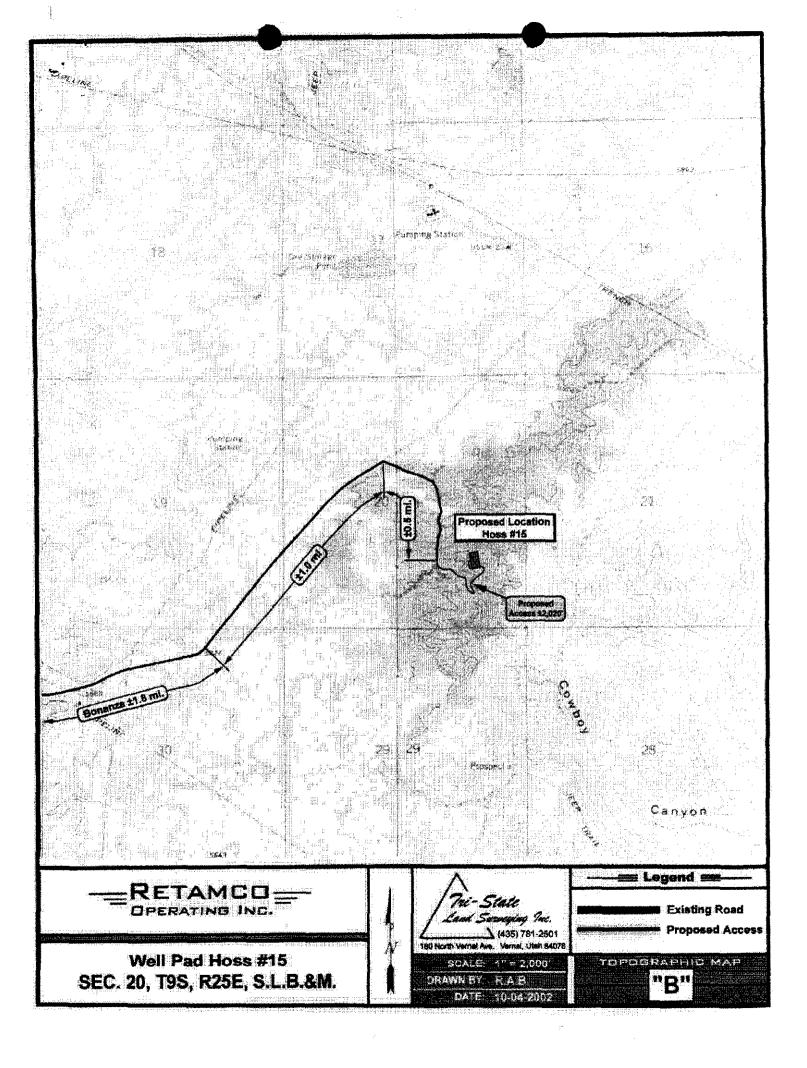
# TYPICAL RIG LAYOUT HOSS #15

PROPOSED ACCESS



| SURVEYED BY. | DJS | SCALE | t" = 50' /1 | ri State       | (435) 781-2501 |
|--------------|-----|-------|-------------|----------------|----------------|
| DRAWN BY     | JRS | DATE: | 10-4-02 / L | and Surveying. | Inc.           |





# RETAMCO OPERATING INC.

Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah

# **EXHIBIT ATTACHMENTS FOR APD**

| A | SURVEY PLAT                         |
|---|-------------------------------------|
| В | PROPOSED SURFACE USE PROGRAM        |
| C | WELLSITE LAYOUT                     |
| D | ACCESS ROADS (MAPS A AND B)         |
| E | EXISTING ROADS (MAPS A AND B)       |
| F | PROPOSED DRILLING PROGRAM           |
| G | GEOLOGICAL PROGNOSIS                |
| Н | BOP SCHEMATIC                       |
| I | HAZMAT DECLARATION                  |
| J | PALEONTOLOGICAL FIELD SURVEY REPORT |

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EXHIBIT F

#### DRILLING PROGRAM

All lease and/or unit operations are to be conducted in such a manner that full compliance is made with the applicable laws, regulations and the approved Application for Permit to Drill. The operator is considered fully responsible for the actions of his subcontractors.

A copy of the approved applications for permit to drill and the accompanying surface use and operations plan along with the conditions of approval shall be available to authorized personnel at the drillsite whenever active construction or drilling operations are underway.

Approval of this application does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease, which would entitle the applicant to conduct operations thereon.

This well will be drilled to an anticipated Total Depth (TD) of 5480 feet.

### 1. Geological Prognosis:

Please see Geological Prognosis - Exhibit H

2. Estimated Depth of Water, Oil, Gas & Other Mineral Bearing Formations:
Please see Geological Prognosis – Exhibit H for anticipated formation tests and logs.

### 3. **BOP Equipment**:

Retamco Operating Inc. proposes to use a Ram Type: 3M BOP with annular. Operator requests permission to test casing to 2000#. Please see Exhibit I for BOPE Schematic.

Annular type preventers shall be tested to 50 percent of rated working pressure. Pressure shall be maintained at least 10 minutes or until provisions of test are met, whichever is longer.

As a minimum, the above test shall be performed:

- a. when initially installed
- b. whenever any seal subject to test pressure is broken
- c. following related repairs; and
- d. at 30-day intervals

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CONFIDENTIAL - TIGHT HOLE

#### **EXHIBIT F**

Pressure test are required before drilling out from under all casing strings set and cemented in place. Blowout preventer controls must be installed prior to drilling the surface casing plug and will remain in use until the well is completed or abandoned.

Preventers will be inspected and operated at least daily to insure good mechanical working order, and this inspection recorded on the daily drilling report. Preventers will be pressure tested before drilling casing cement plugs. All BOP pressure tests must be recorded on the daily drilling report.

Valves shall be tested from working pressure side during BOPE test with all down-stream valves open.

When testing the kill line valve(s) the check valve shall be held open or the ball removed.

Annular preventers shall be functionally operated at least weekly.

Pipe and blind rams shall be activated each trip, however, this function need not be performed more than once a day.

A BOPE pit level drill shall be conducted weekly for each drilling crew.

Pressure test shall apply to all related well control equipment.

### 4. <u>Casing and Cementing Program:</u>

- a. The proposed casing and cementing program shall be conducted as approved to protect and/or isolate all usable water zones, potentially productive zones, lost circulation zones, abnormally pressured zones, and any prospectively valuable deposits of minerals. Any isolating medium other than cement shall receive approval prior to use. The casing setting depth shall be calculated to position of the casing seat opposite a competent formation, which will contain the maximum pressure to which it will be exposed during normal drilling operations. Determination of casing setting dept shall be based on all relevant factors, including; presence/absence of hydrocarbons; fracture gradients; usable water zones; formation pressures; lost circulation zones; other minerals; or other unusual characteristics. All indications of usable water shall be reported.
- b. Casing design shall assume formation pressure gradients of 0.44 to 0.50 psi per foot for exploratory well.
- c. Casing design shall assume fracture gradients from 0.70 to 1.00 psi per foot for exploratory well.

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#### **EXHIBIT F**

- d. Casing collars shall have a minimum clearance of 0.422 inches of all sides in the hole/casing annulus, with recognition that variances can be granted for justified exceptions.
- e. All waiting on cement times shall be adequate to achieve a minimum of 500-psi compressive strength at the casing shoe prior to drilling out.
- f. All indications of usable water shall be reported to the authorized officer prior to running the next string of casing or before plugging orders are requested, whichever occurs first.
- g. Top plugs shall be used to reduce contaminations of cement by displacement fluid. A bottom plug or other acceptable technique, such as a suitable preflush fluid, inner string cement method, etc. shall be utilized to help isolate the cement from contamination by the mud fluid being displaced ahead of the cement slurry.
- h. All casing strings below the conductor shall be pressure tested to 0.22 psi per foot of casing string length or 1500 psi, whichever is greater, but not to exceed 70 percent of the minimum internal yield. If pressure declines more than 10 percent in 30 minutes, corrective action shall be taken.
- i. The proposed casing program will be as follows:

|                |              |                  |             |        |              |             | MEM OL      |
|----------------|--------------|------------------|-------------|--------|--------------|-------------|-------------|
| <u>Purpose</u> | <u>Depth</u> | <b>Hole Size</b> | <u>O.D.</u> | Weight | <u>Grade</u> | <u>Type</u> | <u>Used</u> |
| Surface        | 0-550+/-     | 12-1/4"          | 9-5/8"      | 32.3#  | H-40         | ST&C        | New         |
| Production     | 5500'-TD'    | 7-7/8"           | 4-1/2"      | 11.6#  | J-55         | ST&C        | New         |

- j. Casing design subject to revision based on geological conditions encountered.
- k. The cement program will be as follows:

| <u>Surface</u>    | Type and Amount                                         |
|-------------------|---------------------------------------------------------|
| 0-550'            | 280+/- sacks Halliburton Premium AG; Yield - 1.18,      |
|                   | weight 15.8#/gallon - sufficient volume to circulate to |
|                   | surface.                                                |
| •                 | **NOTE: All producing intervals will be cemented        |
|                   | with Premium AG cement.                                 |
| <b>Production</b> | Type and Amount                                         |
| 5500'-TD          | 280+/- sacks Halliburton H-Fill – yield 3.85, weight    |
|                   | 11#/gallon. Followed by 365+/- sacks Premium AG w/10%   |
|                   | Cal-Seal 60 (accelerator), 0.4% Halad ®-322 (Low Fluid  |
|                   | Loss Control) & 0.2% HR-5 (Retarder) Sufficient volume  |
|                   | to circulate to top of oil shale.                       |
|                   |                                                         |

After cementing but before commencing any test, the casing string shall stand cemented until the cement has reached a compressive strength of at least 500 psi at the shoe. Waiting on Cement time shall be recorded in the driller's log.

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#### **EXHIBIT F**

- 1. The following reports shall be filed with the State of Utah, Division of Oil, Gas & Mining within 30 days after the work is completed.
  - 1. Progress reports, Sundry Notices and Reports on Wells, must include complete information concerning:
    - a. Setting of each string of casing, showing the size, grade, weight of casing set, hole size, setting depth, amounts and type of cement used, whether cement circulated to the top of the cement behind the casing, depth of cementing tools used, casing test method and results, and the date work was done. Show the spud date on the first reports submitted.
- m. Auxiliary equipment to be used as follows:
  - 1. Kelly Cock
  - 2. No bit float is deemed necessary.
  - 3. A sub with a full opening valve.

### 5. Mud Program:

a. The proposed circulating mediums to be employed in drilling are as follows:

| <u>Interval</u> | Mud Type    | Mud Wt. | Visc. | <u>PH</u> | <u>FL</u> |
|-----------------|-------------|---------|-------|-----------|-----------|
| 0-2000          | Clear Water |         |       |           | NA        |
| 2000'-TD        | LSND Mud    | 9.0-9.7 | .30   |           | NA        |

There will be sufficient mud on location to control a blowout should one occur.

A mud test shall be performed every 24 hours after mudding up to determine, as applicable: density, viscosity, gel strength, filtration, and pH.

- b. Mud monitoring equipment to be used as follows:
  - 1. Periodic visual monitoring of the mud system will be done to determine volume changes.
- c. The concentration of hazardous substances in the reserve pit at the time of the pit backfilling must not exceed the standards set forth in the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA).
- d. All oil and gas drilling related CERCLA hazardous wastes/substances removed from a location and not reused at another drilling location must be disposed of at an EPA approved hazardous waste facility.

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#### EXHIBIT F

### 6. Testing, Logging & Coring:

The anticipated type and amount of testing, logging, and coring are as follows:

- a. No drill stem tests are anticipated.
- b. The following logs will be run from Total Depth to Surface: DIL/GR/CNLD-GR
- c. No core tests are anticipated.
- d. When the well is completed "Well Completion and Recompletion Report (Form 8) will be submitted no later than 30 days after completion of the well. Two copies of all logs, core descriptions, core analysis, well-test data, geologic summaries, sample descriptions, and all other surveys or data obtained and compiled during the drilling operations, workover, and/or completion operations, will be filed with the Form8. Samples (cuttings, fluids, and/or gases) will be submitted when requested by the authorized officer (AO).

### 7 Abnormal Pressures and Hydrogen Sulfide:

- a. The expected bottom hole pressure is approximately 2431 psi. No abnormal pressures or temperatures are anticipated.
- b. No hydrogen sulfide gas is anticipated.

# 8. Other Information and Notification Requirements:

- a. Drilling is planned to commence approximately November 7, 2002 or as soon after APD approval as possible.
- b. It is anticipated that the drilling of this well will take approximately 10 days.
- c. The following shall be entered on the driller's log:
  - 1. Blowout preventer pressure tests, including test pressures and results;
  - 2. Blowout preventer tests for proper functioning;
  - 3. Blowout prevention drills conducted;
  - 4. Casing run, including size, grade, weight, and depth set;
  - 5. How the pipe was cemented, including amount of cement, type, whether the cement circulated, location of the cementing tools, etc.

Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah State Lease Number ML45558 Bonanza Unit UTU80155X Page 6

#### **EXHIBIT F**

- 6. Waiting on cement time for each casing string.
- 7. Casing pressure tests after cementing, including test pressures and results.
- d. When the abandonment of the hole is anticipated, an oral request may be granted by the authorized office, but must be timely followed with a "Notice of Intent to Abandon" on form 3160-5.
- e. Notification Requirements:
  - 1. The spud date will be reported to the State of Utah, Division of Oil, Gas & Mining with 24 hours per regulation R649-3-6 of Drilling and Operation Practices. If the spudding occurs on a weekend or holiday, wait until the following regular workday to make this report.
  - 2. The State of Utah, Division of Oil, Gas & Mining will be notified at least 24 hours in advance to BOP pressure tests.
  - 3. The State of Utah, Division of Oil, Gas & Mining will be notified verbally at least 24 hours prior to running/cementing surface casing or running and casing tests.
  - 4. The State of Utah, Division of Oil, Gas & Mining must be notified at least 48 hours in advance of the plugging of the well, in order that a representative may witness plugging operations. If the well is abandoned, all pits must be fenced immediately until they are backfilled. The Subsequent Report of Abandonment must be submitted within 30 days after the actual plugging of the well bore, reporting where the plugs were placed, and the current status of the surface restoration. If the surface restoration has not been completed at that time, a follow-up report on surface restoration should be filed when all surface restoration work has been completed and the location is considered ready for final inspection.
  - 5. A monthly Status report shall be submitted no later than the 5<sup>th</sup> days of the following month calendar month in the form of a Form 9, Sundry Notice until such time as the Completion report is filed.
- f. The authorized office must approve any change in the program. Sundry Notices and Reports on Wells (Form 9) must be filed for all changes of plans and other operations. Emergency approval must be obtained orally, but such approval does not waive the written report requirement. Any additional construction, reconstruction, or alterations of facilities, including roads, which will result in disturbance of new ground, will require the filing of a suitable plan and prior approval by the authorized officer is required.

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#### **EXHIBIT F**

- g. Safe drilling and operating practices must be observed. All wells, whether drilling, producing, suspended or abandoned, shall be identified in accordance with State of Utah Drilling and Operating Practices. There shall be a sign or marker with the name of the Operator, lease serial number, well number and surveyed description of the well. Any changes in operation must have prior approval from the State of Utah, Division of Oil, Gas & Mining.
- h. When the well is completed or plugged and abandoned the Well Completion and Recompletion Report will be submitted not later than 30 days after the plugging operation is completed. Two copies of all logs run and all other surveys or data obtained and compiled during drilling, workover, and/or completion operations will be filed with the completion report.

#### RETAMCO OPERATING INC

CONFIDENTIAL -TIGHT HOLE

Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah State Lease Number ML45558 Bonanza Unit UTU80155X EXHIBIT B

#### SURFACE USE PROGRAM

In accordance with requirements outlined in Utah Oil and Gas Conservation General Rules R649-3 Drilling and Operating Practices:

#### 1. <u>EXISTING ROADS:</u>

- a. Direction to the location from Vernal, Utah is as follows:
   Proceed south on State HWY 45 for approximately 30 miles to Bonanza, Utah. Turn on Stanton Road and proceed east approximately 3 miles. Access road will begin there.
- b. For location of access roads, see Maps A and B.
- c. All existing roads within a 2-mile radius are shown on Maps A and B.
- d. Existing roads will be upgraded (crowned and ditched), maintained and kept in good repair during all drilling and operating operations associated with the drilling and completion this well.
- e. Existing roads under the jurisdiction of any Surface Managing Agency shall be maintained in accordance with the standards of the SMA.
- f. New proposed access road will be built from the end of the existing road approximately 2020' feet to new location.

### 2. <u>EXISTING WELLS WITHIN A 1-MILE RADIUS OF THE PROPOSED LOCATION:</u>

There are no existing wells within a 1-mile radius of the proposed location:

- a. Water Wells 0
- b. Injection or Disposal Wells 0
- c. Producing Wells 0
- d. Drilling Wells 0
- e. Abandoned Wells 0

# 3. PRODUCTION FACILITIES DIAGRAM:

a. A production facilities diagram will be submitted within 60-days after the completion of the well.

#### **RETAMCO OPERATING INC**

CONFIDENTIAL -TIGHT HOLE

Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah State Lease Number ML45558 Bonanza Unit UTU80155X EXHIBIT B

#### 4. LOCATION AND TYPE OF WATER SUPPLY:

a. The source of the water for drilling purposes will be from the White River at the Bonanza Bridge through the company listed below who has a permit for that location:

Dalbo, Inc. 350 South 800 East Vernal, UT 84078 Doug Bugsy (435) 828-7982

- b. Water will be hauled to the location along the approved access roads.
- c. No water wells will be drilled on this lease.

### 5. <u>CONSTRUCTION ROAD/LOCATION MATERIALS:</u>

- a. Surface and subsoil materials in the immediate area will be utilized.
- b. Any gravel used will be obtained from a commercial source.

### 6. <u>METHODS FOR HANDLING WASTE MATERIALS AND DISPOSAL:</u>

- a. Garbage will be stored in a covered container and disposed of according to local and state regulations, at an approved facility. Disposal will not be allowed on location. No trash will be disposed of in the reserve pit.
- b. The reserve pit will be lined with 16-mil plastic.
- c. Saltwater or testing tanks will be located and/or diked so that any spilled fluids will flow into the reserve pit. Saltwater tanks will not be placed on topsoil stockpiles.
- d. Any produced water will be contained on site for a period not to exceed 90 days.
- e. Sewage will be disposed of according to county and state requirements. Sealed chemical portable toilets will be on location during these drilling operations. Waste and chemicals will not be disposed of on location.
- f. Cuttings will be deposited in the reserve pit.

# RETAMCO OPERATING INC

CONFIDENTIAL -TIGHT HOLE

Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah State Lease Number ML45558 Bonanza Unit UTU80155X EXHIBIT B

### 7. <u>ANCILLARY FACILITIES:</u>

a. There are no ancillary facilities planned for this location.

#### 8. <u>WELL SITE LAYOUT:</u>

- a. The well site layout is attached (Exhibit C).
- b. The location of the reserve pit, access roads to the location, and proposed equipment and facilities with respect to the existing wellbore is shown on the well site layout diagram.
- c. The reserve pit containing oil residue must be overhead flagged.

#### d. Reserve Pit Fencing:

- 1. The reserve shall be fenced with 39-inch net wire with at least one strand of barbed wire on the top of the net fence. If pipe or some kind of reinforcement rod is attached to the top of the entire fence, barbed wire will not be used. The net wire will be no more that 2-inches above the ground and the barbed wire or pipe reinforcement will be 3-inches above the net wire. The total height of the fence will be 42-inches.
- 2. Corner braces will be cemented in such a manner as to keep the wire tight at all times.
- 3. Line posts will spaced no greater than 16-feet apart and will be made of steel, wood or pipe.
- 4. All wire will be stretched tight with a stretching device before attaching to the corner braces

# 9. <u>SURFACE OWNERSHIP:</u>

Wellsite: State of Utah, Division of Oil, Gas & Mining

# 10. <u>OTHER INFORMATION:</u>

- a. There will be no change from the proposed drilling program without prior approval from the State of Utah, Division of Oil, Gas & Mining. Safe drilling and operating practices must be used. All wells, whether drilling, producing, suspended or abandoned will be identified in accordance with Division of Oil, Gas & Mining regulations.
- b. All contractors employed to perform work on this location will be furnished with a complete copy of this APD and supplemental conditions.
- c. Drilling operations will be conducted in accordance with the State of Utah, Division of Oil, Gas & Mining regulations.

# **RETAMCO OPERATING INC**

# CONFIDENTIAL -TIGHT HOLE

Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah State Lease Number ML45558 Bonanza Unit UTU80155X EXHIBIT B

# 11. LESSEE'S OR OPERATOR'S REPRESENTATIVES:

Retamco Operating:

Joe Glennon

Retamco Operating Inc. 3301 Stonewall Lane Billings, MT 59102 Attorney-In-Fact (406) 248-5594

**Drilling Contractor:** 

SEI Drilling

1050 17<sup>th</sup> Street, Suite 500

Denver, CO 80265

Permitting Matters:

Molly Conrad

Agent for Retamco Operating Inc.

Crazy Mountain, Inc.

P.O. Box 577 Laurel, MT 59044

(406) 628-4164 Phone & Fax

# 12. <u>CERTIFICATION:</u>

I HEREBY CERTIFY THAT I, OR PERSONS CONTRACTED BY RETAMCO OPERATING INC., HAVE INSPECTED THE PROPOSED DRILLSITE AND ACCESS ROUTE; THAT I AM FAMILIAR WITH THE CONDITIONS WHICH PRESENTLY EXIST; THAT ANY STATEMENTS MADE IN THIS PLAN ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT; AND THAT THE WORK ASSOCIATED WITH THE OPERATIONS PROPOSED HEREIN WILL BE PERFORMED BY RETAMCO OPERATING INC. AND ITS CONTRACTORS AND SUBCONTRACTORS IN CONFORMITY WITH THIS PLAN AND THE TERMS AND CONDITIONS UNDER WHICH IT IS APPROVED. THIS STATEMENT IS SUBJECT TO THE PROVISIONS OF 18 U.S.C. 1001 FOR THE FILING OF A FALSE STATEMENT.

November 14, 2002
Date

Molly Conrad(

Agent for Retamco Operating Inc.

#### Retamco

#### Well Geologic Prognosis Proposed Gas Well

Location & Surface Data

State: Utah County: Uintah

 Location:
 NESE Section 20, T9S, R25E

 Ftge
 1374' FSL & 1152' FEL

Well Name: Hoss Well No. #15

Elev: GL 5658.5' KB

Geologic Data

Primary Objective:

Surface Fm: Unita Projected TD (ft) 5480'

Projected Prod Fm. Bed Dip

Other:

Diff. in Depth from 15 deg. GL

5658.5

Formation Tops Projected Depth (ft) Sub-Sea Comments
Uinta 0 5658 5

 Uinta
 0
 5658.5

 Green River
 160
 5498.5

 Wasatch
 2135
 3523.5

 MesaVerde
 3670
 1988.5

 Mancos
 6530
 -871.5

Core Intervals and/or Ftge No Cores or DST's planned Comments: Will have Mud Logger Surface to TD

Test Intervals & Depths Will be determined while drilling Comments: All Oil & Gas shows during drilling

operations will be tested to

measure formation reservoir characteristics.

Completion Intervals None Comments: See drilling and completion program

for details.

Notes

# **RETAMCO OPERATING INC.**

Hoss #15 NESE Section 20, T9S, R25E Uintah County, Utah

# **HAZMAT DECLARATION – EXHIBIT I**

A. Hazardous chemicals 10,000 pounds of which will most likely be used, produced, stored, transported, or disposed of in association with the proposed action of drilling, testing and plugging this well:

Retamco Operating Inc. anticipates that none of the hazardous chemicals in quantities of 10,000 pounds or more will be associated with these operations.

B. Extremely hazardous substances threshold quantities of which will be used, produced, stored, transported, or disposed of in association with the proposed action of drilling, testing and plugging this well:

Retarnco Operating Inc. anticipates that none of the extremely hazardous substances in threshold quantities per 40 CRF 355 will be associated with these operations.

# CULTURAL RESOURCE INVENTORIES OF RETAMCO OPERATING'S PROPOSED LITTLE JOE #1 HOSS #15, AND CARTWRIGHT #2 WELL LOCATIONS UINTAH COUNTY, UTAH

Keith R. Montgomery

# CULTURAL RESOURCE INVENTORIES OF RETAMCO OPERATIONG'S PROPOSED LITTLE JOE #1 HOSS #15, AND CARTWRIGHT #2 WELL LOCATIONS UINTAH COUNTY, UTAH

By:

Keith R. Montgomery

Prepared For:

Bureau of Land Management
Vernal Field Office
and
State of Utah
School and Institutional
Trust Lands Administration

Prepared By:

Montgomery Archaeological Consultants P.O. Box 147 Moab, Utah 84532

October 16, 2002

United States Department of Interior (FLPMA)
Permit No. 02-UT-60122

State of Utah Antiquities Project (Survey) Permit No. U-02-MQ-0643b,s

#### INTRODUCTION

Cultural resource inventories were conducted by Montgomery Archaeological Consultants (MOAC) for three proposed well locations and access roads in Uintah County, Utah. The proposed well locations are designated Little Joe #1, Hoss #15, and Cartwright #2. The survey was implemented at the request of Ms. Molly Conrad, Crazy Mountain Inc., Laurel, Montana. The inventory areas are situated on land administered by the Bureau of Land Management (BLM), Vernal Field Office and State of Utah Trust Lands Administration (SITLA).

The objective of the inventory was to locate, document, and evaluate any cultural resources in order to comply with Section 106 of 36 CFR 800, the National Historic Preservation Act of 1966 (as amended). Also, the inventories were implemented to attain compliance with a number of federal and state mandates, including the National Environmental and Policy Act of 1969, the Archaeological and Historic Conservation Act of 1972, the Archaeological Resources Protection Act of 1979, the American Indian Religious Freedom Act of 1978, and Utah State Antiquities Act of 1973 (amended 1990).

The fieldwork was performed by Keith R. Montgomery on October 10, 2002, under the auspices of U.S.D.I. (FLPMA) Permit No. 02-UT-60122 and State of Utah Antiquities Permit (Survey) No. U-02-MQ-0643b,s issued to Montgomery Archaeological Consultants, Moab, Utah. A file search for previous archaeological inventories and documented cultural resources was conducted on September 23, 2002 by the author at the BLM Vernal Field Office, Vernal, Utah. This consultation indicated that no cultural resource inventories or previously documented archaeological sites occur in the current project area.

#### DESCRIPTION OF PROJECT AREA

The project area consists of three proposed well locations with associated access roads located in Uintah County, Utah. Proposed Little Joe #1 well location (BLM Land) is situated in the NE 1/4 of Township 9 South, Range 25 East, Section 7 with a one-mile long access route in Sections 7 and 8 (Figure 1). Proposed Hoss #15 well location (BLM Land) is situated in the SE 1/4 of Township 9 South, Range 25 East, Section 20 with a 2000 ft long access route (Figure 2). Proposed Cartwright #2 well location (SITLA Land) is situated in the NE 1/4 of Township 9 South, Range 24 East, Section 35 with no access road (Figure 3).

The project area lies within the Uinta Basin physiographic unit, a distinctly bowl-shaped geologic structure (Stokes 1986:231). The entire Uinta Basin ecosystem is within the Green River drainage, considered to be the northernmost extension of the Colorado Plateau. This is an area of broad erosional benches with extensive badland rims along the drainages. The heavily eroded benches and mesas are capped with sand and silt which erode downslope forming areas of sand dunes, sand sheets, and colluvial clays.

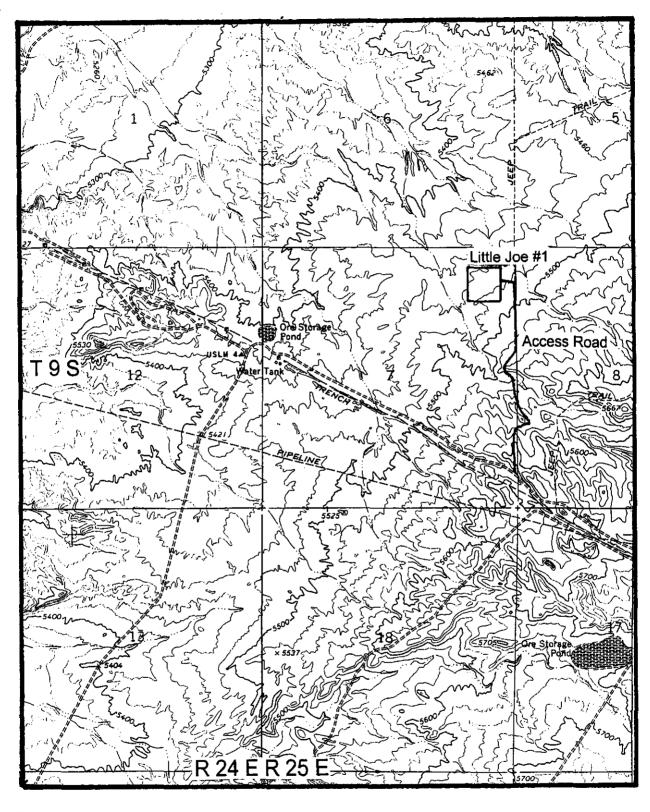


Figure 1. Inventory Area of Retamco's Proposed Little Joe #1 well location in Uintah County, UT. USGS 7.5' Bonanza, UT 1968. Scale 1:24000.

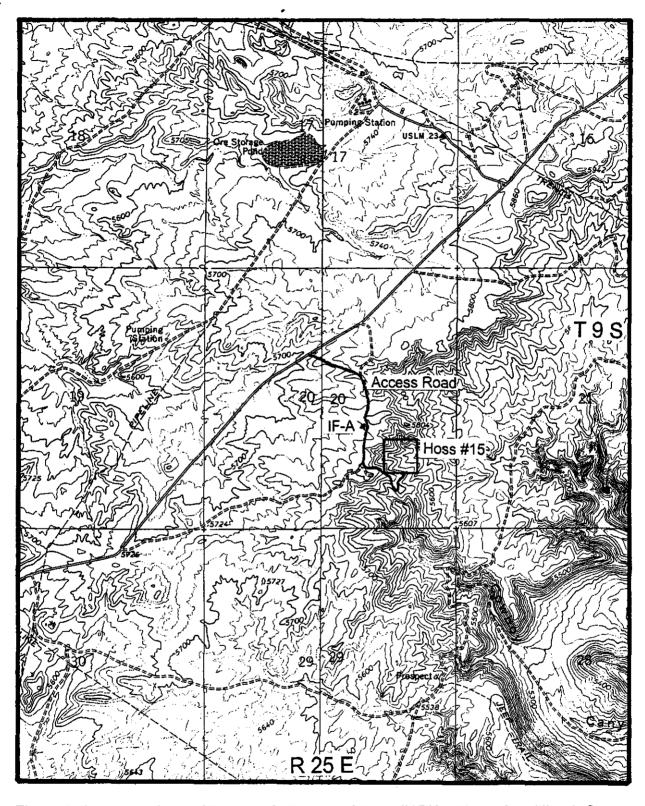


Figure 2. Inventory Area of Retamco's Proposed Hoss #15 Well Location, Uintah County, Utah. USGS 7.5' Bonanza, UT 1968 and Walsh Knolls, UT 1968. Scale 1:24000.

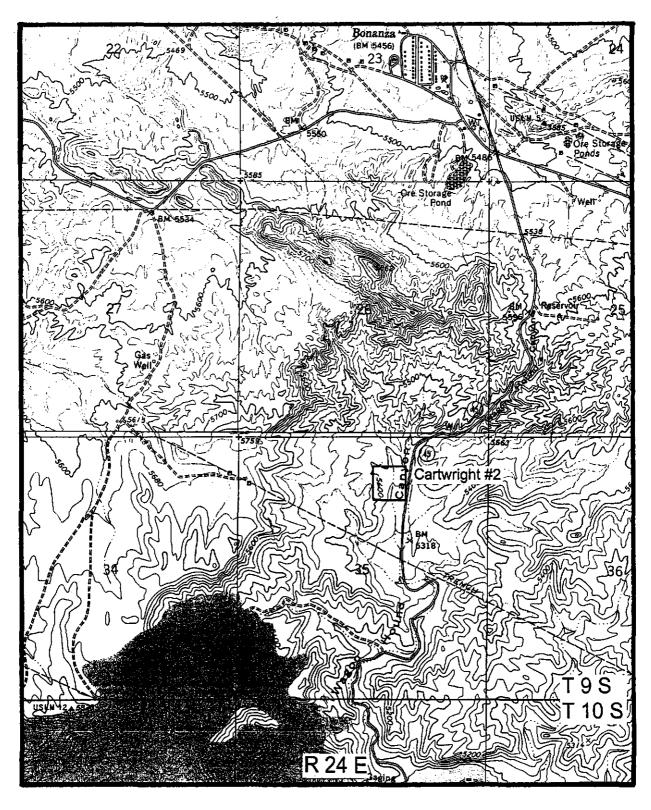


Figure 3. Inventory Area of Retamco's Proposed Cartwright #12 Well Location, Uintah County, Utah. USGS 7.5' Bonanza, UT, 1968 and Southham Canyon, UT 1968. Scale 1:24000.

The project area includes recent alluvial deposits, older alluvial terrace deposits, and rock outcrops of the Upper Eocene Uinta Formation. The Uinta Formation occurs as eroded outcrops formed by fluvial deposited stream laid interbedded sandstone and mudstone. This formation is known for its fossil vertebrate turtles, crocodilians, fish, and mammals. The elevation of the project area averages 5500 feet (1682 m) a.s.l. Vegetation in the project area includes greasewood, shadscale, rabbitbrush, thorny horsebush, snakeweed, winterfat, and prickly pear cactus. Modern disturbances include livestock grazing, roads, and oil/gas development.

#### SURVEY METHODOLOGY

An intensive pedestrian survey was performed by the author for this project which is considered 100% coverage. At each of the three proposed well locations, a 10 acre square was defined, centered on the well pad center stake. The interiors of the well locations were examined for cultural resources by the archaeologist walking parallel transects spaced no more than 10 meters apart. The access roads were surveyed to a 100 foot width by walking parallel transects along the staked centerline, spaced no more than 10 meters apart. Ground visibility was considered good. A total of 47 acres was surveyed for this project that consists of 37 acres on public land administered by the BLM (Vernal Field Office) and 10 acres on SITLA land.

#### RESULTS AND RECOMMENDATIONS

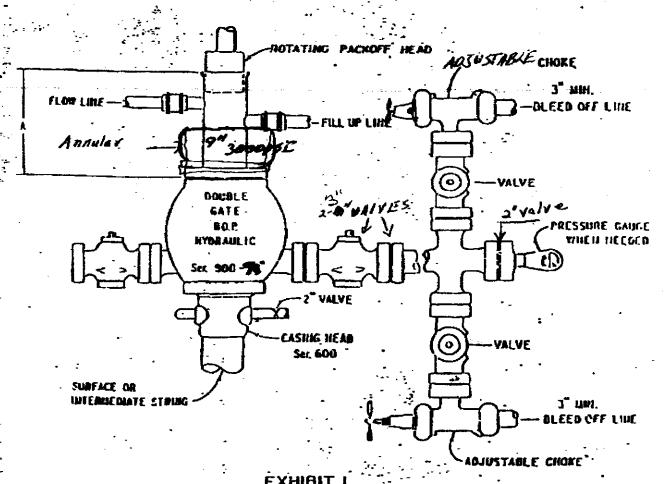
The inventory of Retamco Operating Inc. three proposed wells resulted in the documentation of a single isolated find of artifact (IF-A) along the access route for the Hoss #15 well location. Isolated Find A (IF-A) is situated in the SW 1/4, NW 1/4, SE 1/4 of Sec. 20, T 9S, R 25E (UTM 660295E-4431412N). It consists of four body fragments from a purple canning jar situated along the crest of a narrow residual ridge.

This cultural resource is considered not eligible for consideration to the National Register of Historic Places (NRHP) because of its lack of reserach value. Based on these findings, a determination of "no historic properties affected" is recommended for this project pursuant to Section 106, CFR 800.

#### REFERENCES CITED

Stokes, William L.

1986 <u>Geology of Utah</u>. Utah Museum of Natural History and Utah Geological and Mineral Survey, Salt Lake City.



LOWOUT PREVENTER DIAGRAM

# PALEONTOLOGICAL FIELD SURVEY REPORT

RETAMCO OPERATING, INC.

**WELL SITE HOSS #15** 

SECTION 20, TOWNSHIP 9 SOUTH, RANGE 25 EAST

**UINTAH COUNTY, UTAH** 

October 9, 2002

BY

SUE ANN BILBEY, Ph.D. and EVAN HALL

UINTA PALEONTOLOGICAL ASSOCIATES, INC. 446 SOUTH 100 WEST VERNAL, UTAH 84078 435-790-2558

#### INTRODUCTION

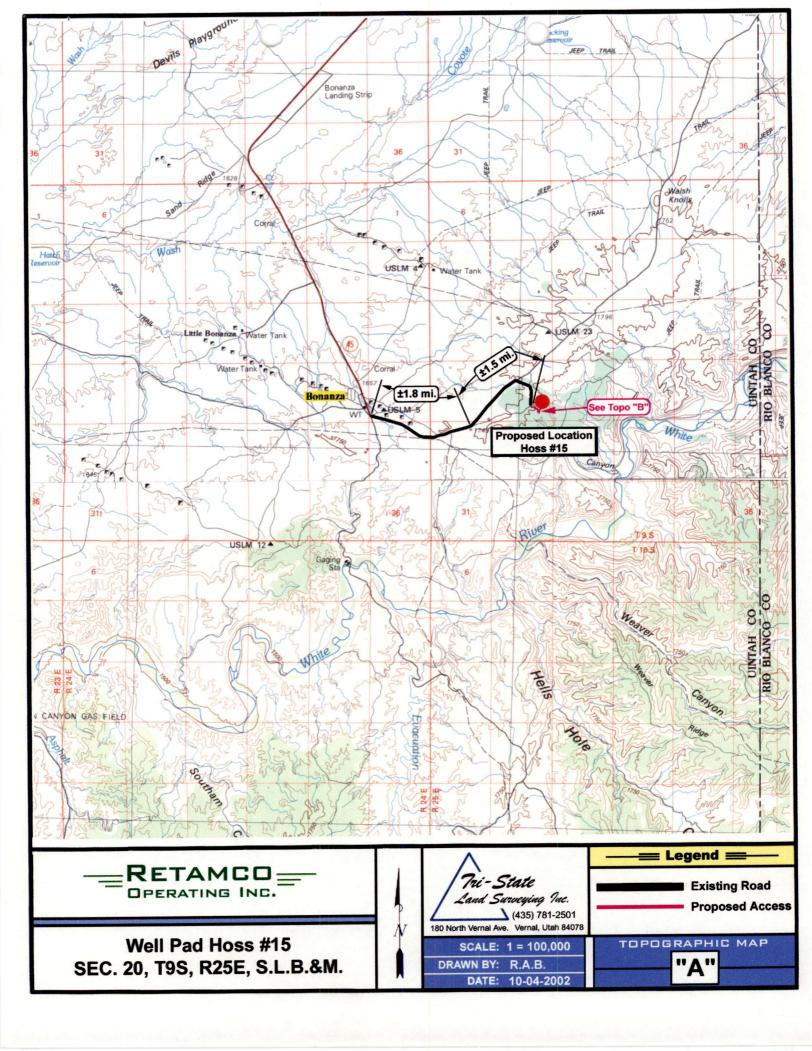
In October 2002, Uinta Paleontological Associates Inc. was contacted by Gene Stewart of Tri-State Land Surveying, Inc. to do a paleontological field survey for Retamco Operating, Inc. of the proposed well site and access road for Well Pad Hoss #15 in the SE ¼, of Section 20, Township 9 South, Range 25 East on Bureau of Land Management lands in Uintah County, Utah. As part of a comprehensive regional survey, we have contacted Blaine Phillips, Archaeologist at the Bureau of Land Management in Vernal, Utah and Martha Hayden at the Utah Geological Survey to obtain sensitivity information regarding the Uinta Formation in this general area. In addition Utah Field House of Natural History files were also searched.

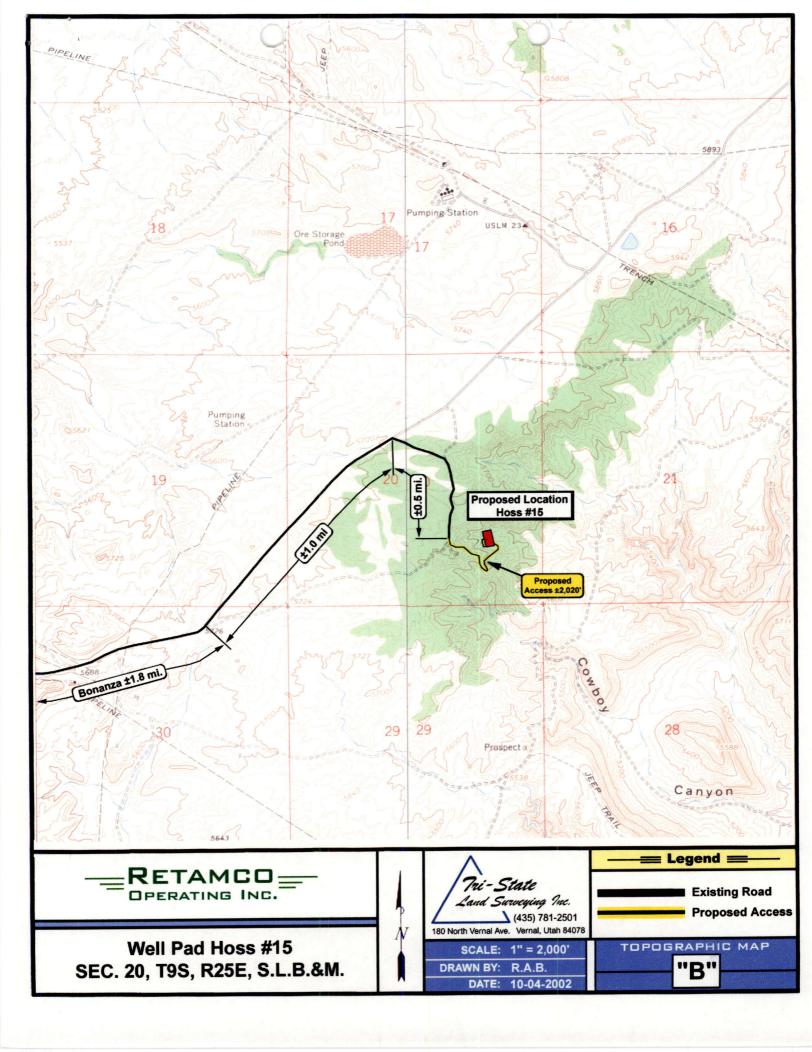
A 100% pedestrian field survey was done along the access road right-of-way and well site Well Pad Hoss #15 on October 9, 2002.

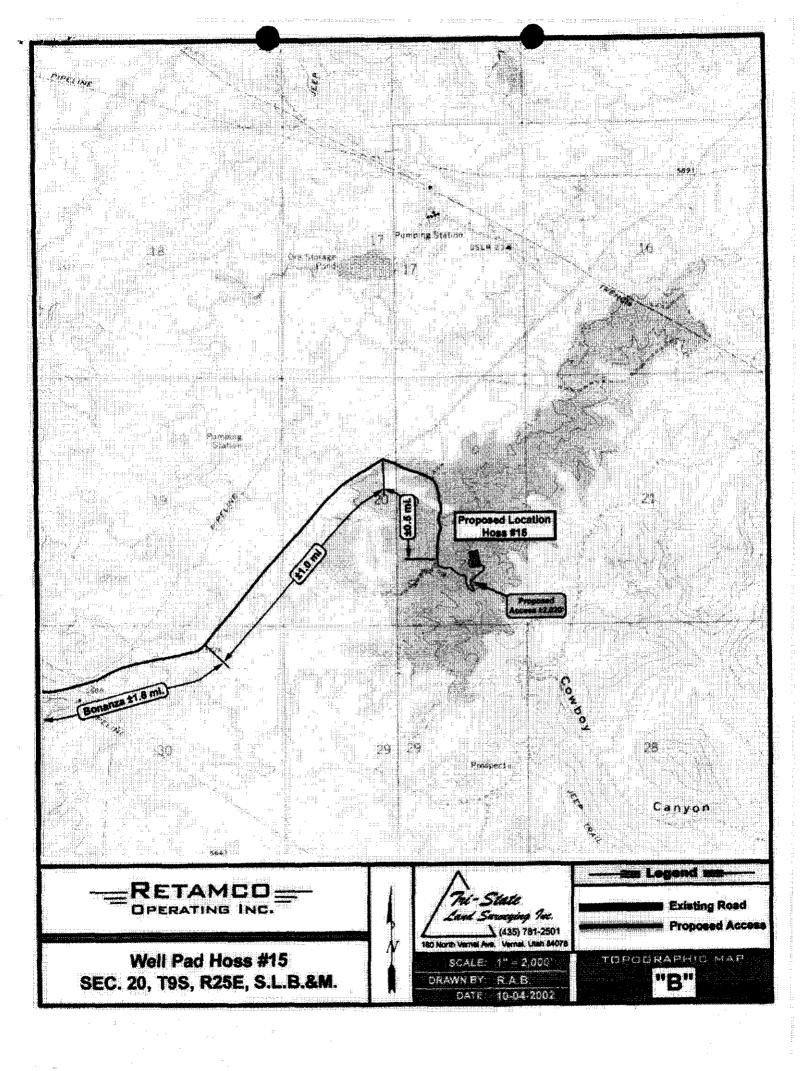
#### RESULTS OF PALEONTOLOGICAL SURVEY

Retamco Well Pad Hoss #15 and its associated access road right-of-way are located stratigraphically in the lower part of the Uinta Formation. The *Dolichorhimus* skeleton on exhibit at the Utah Field House is from the sandstone beds of the B1 unit of the same formation near Bonanza. In addition, numerous new discoveries of significant vertebrate fossils have been found in the Natural Buttes area (see Hamblin and other Uinta Paleo reports). About one year ago, we found a critically important vertebrate fossil site in a nearby section (42UN1351v). This newly proposed site is located somewhat lower stratigraphically than the known fossil site.

RECOMMENDATIONS: No monitor is necessary during construction of this access road and well site. However, if fossil resources are encountered, the project paleontologist and the appropriate land manager should be notified immediately to evaluate the discovery.

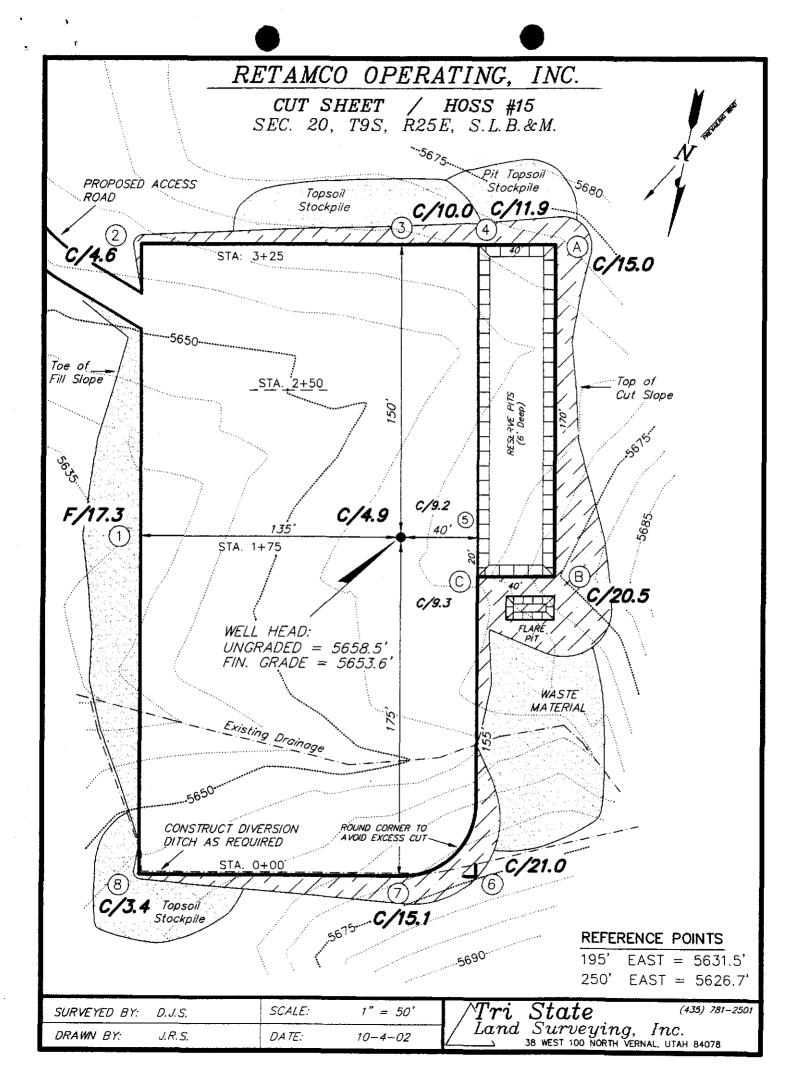


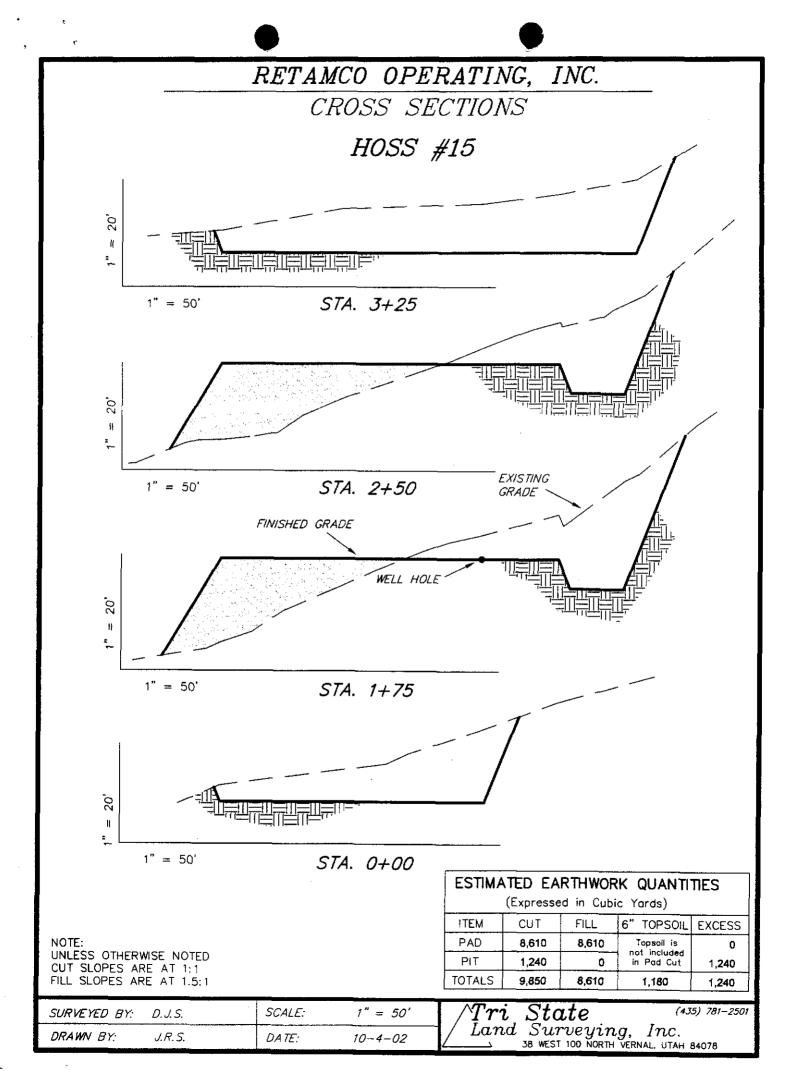




#### SELECTED BIBLIOGRAPHY

- Black, C. C. and M. R. Dawson, 1966, A review of late Eocene mammalian fauna from North America: American Journal of Science, v. 264, p. 321-349.
- Bryant, B., C. W. Naeser, R. F. Marvin, and H. H. Mehnert, 1989, Upper Cretaceous and Paleogene sedimentary rocks and isotopic ages of Paleogene tuffs, Uinta Basin, Utah: U. S. Geol. Survey Bull. 1787-J, 22 pp.
- Cashion, W. B., 1973, Geologic and structure map of the Grand Junction Quadrangle, Colorado and Utah: U. S. Geol. Survey Map 1-736.
- Hamblin, A. D., 1987, Paleogeography and paleoecology of the Myton Pocket, Unta Basin, Utah (Uinta Formation upper Eocene): Brigham Young University Geology Studies, v. 34, no. 1, p. 33-60.
- Hamblin, A. H., 1991, Paleontology report for the cultural resources component of the Natural Buttes EA Study Area, Metcalf Archaeological Associates.
- Kay, J. L., 1957, The Eocene vertebrates of the Uinta Basin, Utah: in Geology of the Uinta Mountains, Intermountain Association of Petroleum Geologists Guidebook, 8th Annual Field Conference, p. 110-114.
- Madsen, J. H., Jr., M. E. Nelson, and J. Oviatt, 1981, Supplementary report and paleontological survey of transmission line right-of-ways for the Descret Generation and Transmission Cooperative.
- Prothero, D. R., 1996, Magnetic stratigraphy and biostratigraphy of the middle Eocene Uinta Formation, Uinta Basin, Utah: in Prothero, D. R. and R. J. Emry, eds. The Terrestrial Eocene-Oligocene Transition in North America, Cambridge University Press, p. 3-24.
- Rasmussen, D. T., et al., 1999, The mammals of the Eocene Duchesne River Formation: in Gillette, D. D., ed., Vertebrate Palcontology in Utah, Utah Geological Survey Misc. Publ. 99-1, p. 421-427.
- Rowley, P. D., W. R. Hansen, O. Tweto, and P. I. Carrara, 1985, Geologic Map of the Vernal 1° x 2° Quadrangle, Colorado, Utah, and Wyoming: United States Geological Survey Misc. Investigation Series Map I-1526.
- Savage, D. E. and D. E. Russell, 1983, Mammalian paleofauna of the world: Addison-Wesley Publ. Co., 432 pp.
- Stagner, W. L., 1941, The paleogeography of the eastern part of the Uinta Basin during Uinta B (Eocene)
  Time: Annals of Carnegie Museum, v. 28, p. 273-308.
- Untermann, G. E. and B. R. Untermann, 1968, Geology of Uintah County: Utah Geologic and Mineralogical Survey Bulletin 72, 98 pp.



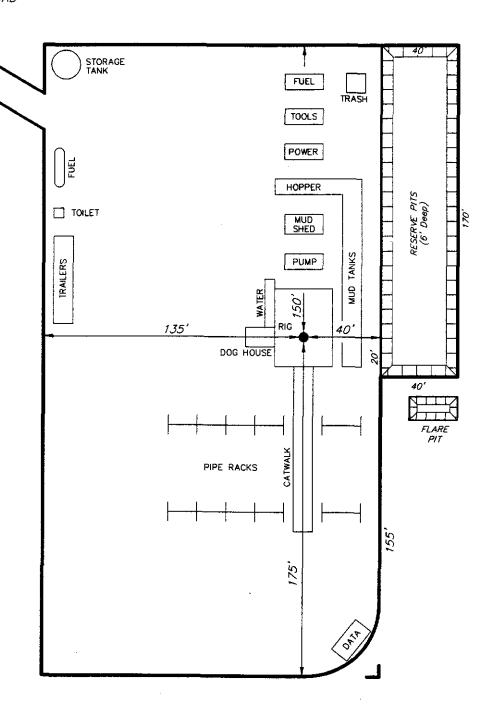


# RETAMCO OPERATING, INC.

TYPICAL RIG LAYOUT

HOSS #15

PROPOSED ACCESS
ROAD



| DRAWN BY: J.R.S. DATE: $10-4-02$ Land Surveying, Inc. 38 WEST 100 NORTH VERNAL, UTAH 84078 | SURVEYED BY: | D. J. S. | SCALE: | 1" = 50' | /Tri_State (435) 781-2501                                   |
|--------------------------------------------------------------------------------------------|--------------|----------|--------|----------|-------------------------------------------------------------|
|                                                                                            | DRAWN BY:    | J.R.S.   | DATE:  | 10-4-02  | / Land Surveying, Inc. 38 WEST 100 NORTH VERNAL, UTAH 84078 |

# CULTURAL RESOURCE INVENTORY OF RETAMCO OPERATING'S HOSS #15 ALTERNATE WELL LOCATION, UINTAH COUNTY, UTAH

By:

Keith R. Montgomery

Prepared For:

State of Utah
School and Institutional
Trust Lands Administration

Prepared By:

Montgomery Archaeological Consultants P.O. Box 147 Moab, Utah 84532

MOAC Report No. 02-155

November 6, 2002

United States Department of Interior (FLPMA)
Permit No. 02-UT-60122

State of Utah Antiquities Project (Survey) Permit No. U-02-MQ-0697s

#### INTRODUCTION

A cultural resource inventory was conducted by Montgomery Archaeological Consultants (MOAC) for the Retamco Operating's proposed Hoss #15 Alternate well location in Uintah County, Utah. The original survey for this well location along with two other wells (Little Joe #1 and Cartwright #2) was completed by MOAC in October, 2002 (Montgomery 2002). The inventory was implemented at the request of Ms. Molly Conrad, Crazy Mountain Inc., Laurel, Montana. The proposed well location is on State of Utah School and Institutional Trust Lands Administration (SITLA) property.

The objective of the inventory was to locate, document, and evaluate any cultural resources in order to comply with Section 106 of 36 CFR 800, the National Historic Preservation Act of 1966 (as amended). Also, the inventories were implemented to attain compliance with a number of federal and state mandates, including the National Environmental and Policy Act of 1969, the Archaeological and Historic Conservation Act of 1972, the Archaeological Resources Protection Act of 1979, the American Indian Religious Freedom Act of 1978, and Utah State Antiquities Act of 1973 (amended 1990).

The fieldwork was performed by Keith R. Montgomery on November 6, 2002, under the auspices of U.S.D.I. (FLPMA) Permit No. 02-UT-60122 and State of Utah Antiquities Permit (Survey) No. U-02-MQ-0697s issued to Montgomery Archaeological Consultants, Moab, Utah.

A file search for previous archaeological inventories and documented cultural resources was conducted on September 23, 2002 by the author at the BLM Vernal Field Office, Vernal, Utah. The only cultural resource inventory in the immediate project area was completed by MOAC in October 2002 for Retamco Operating's three proposed well locations: Little Joe #1, Hoss #15, and Cartwright #2 (Montgomery 2002). No previously recorded archaeological sites occur in the current project area.

#### DESCRIPTION OF PROJECT AREA

The project area is situated a few miles south of the Bonanza Plant in Uintah County, Utah. Proposed Hoss #15 well location (SITLA Land) is situated in the SW/SE and NE/SE of Section 20, Township 9 South, Range 25 East (Figure 1). It is accessed by a 2000 ft long access route previously surveyed by MOAC (Figure 1).

The project area lies within the Uinta Basin physiographic unit, a distinctly bowl-shaped geologic structure (Stokes 1986:231). The entire Uinta Basin ecosystem is within the Green River drainage, considered to be the northernmost extension of the Colorado Plateau. This is an area of broad erosional benches with extensive badland rims along the drainages. The heavily eroded benches and mesas are capped with sand and silt which erode downslope forming areas of sand dunes, sand sheets, and colluvial clays.

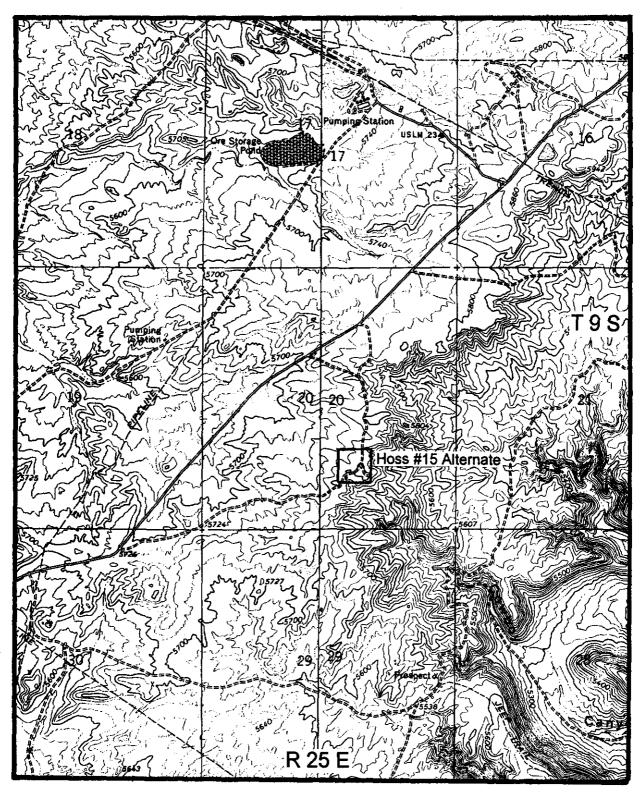


Figure 1. Inventory Area of Retamco's Proposed Hoss #15 Alternate Well Location, Uintah County, Utah. USGS 7.5' Bonanza, UT 1968 and Walsh Knolls, UT 1968. Scale 1:24000.

The project area includes recent alluvial deposits, older alluvial terrace deposits, and rock outcrops of the Upper Eocene Uinta Formation. The Uinta Formation occurs as eroded outcrops formed by fluvial deposited stream laid interbedded sandstone and mudstone. This formation is known for its fossil vertebrate turtles, crocodilians, fish, and mammals. The elevation of the project area averages 5500 feet (1682 m) a.s.l. Vegetation in the project area includes pinyon, juniper, sagebrush, rabbitbrush, snakeweed, and prickly pear cactus. Modern disturbances include livestock grazing, roads, and oil/gas development.

#### SURVEY METHODOLOGY

An intensive pedestrian survey was performed by the author for this project which is considered 100% coverage. At the proposed well location, a 10 acre square was defined, centered on the well pad center stake. The interiors of the well location was examined for cultural resources by the archaeologist walking parallel transects spaced no more than 10 meters apart. Ground visibility was considered good. A total of 10 acres was surveyed for this project on SITLA land.

#### RESULTS AND RECOMMENDATIONS

The inventory of Retamco Operating's proposed Hoss #15 Alternate well location resulted in no archaeological sites. Based upon the findings, a determination of "no historic properties affected" is recommended for this project pursuant to Section 106, CFR 800.

#### REFERENCES CITED

Montgomery, K.R.

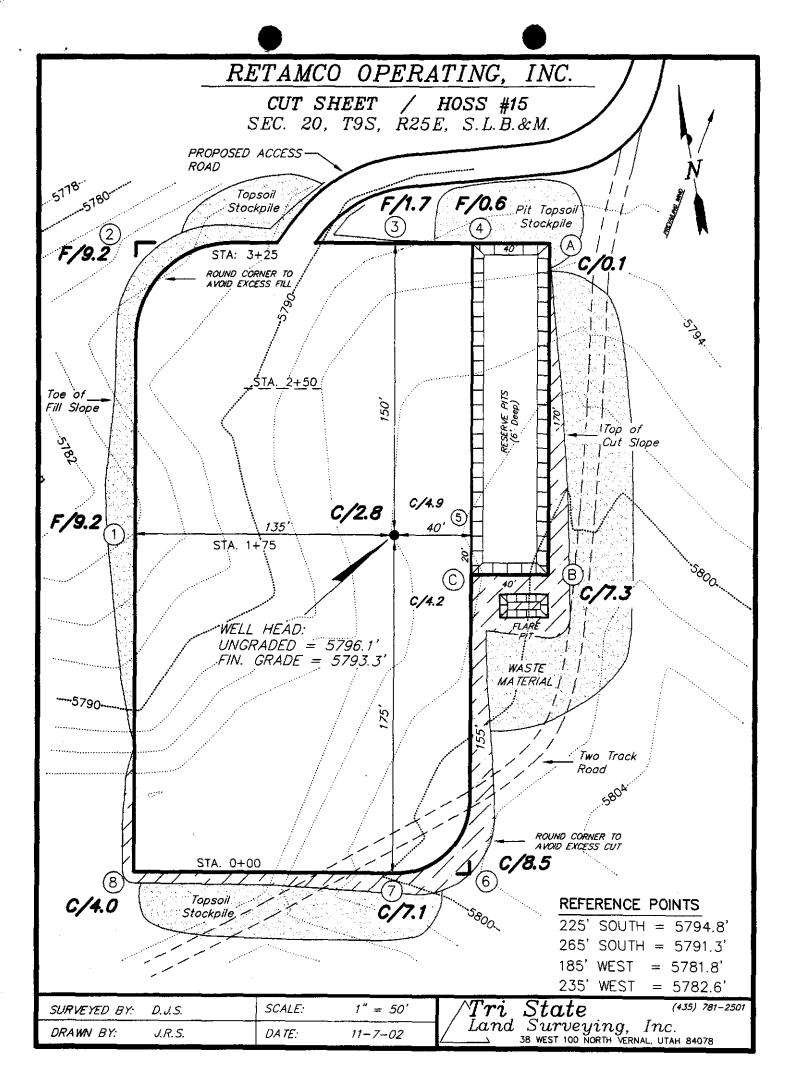
2002

Cultural Resource Inventories of Retamco Operating's Proposed Little Joe #1, Hoss #15 and Cartwright #2 Well Locations, Uintah County, Utah. Montgomery Archaeological Consultants, Moab, Utah. Report No. U-02-MQ-0643b,s on file at the BLM Vernal Field Office.

Stokes, William L.

1986

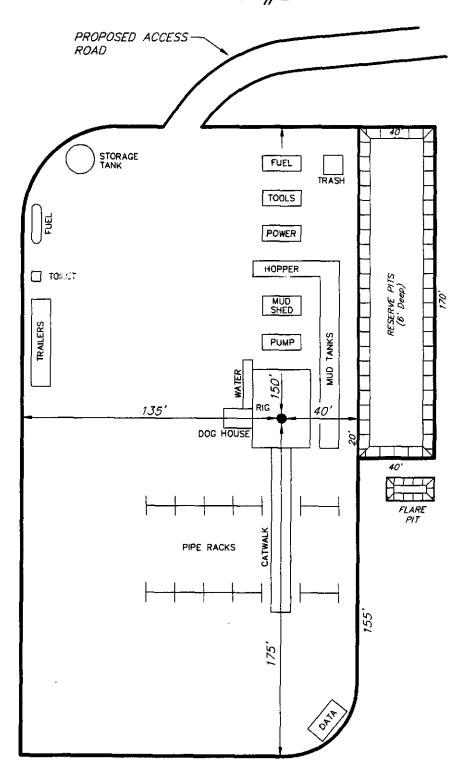
Geology of Utah. Utah Museum of Natural History and Utah Geological and Mineral Survey, Salt Lake City.



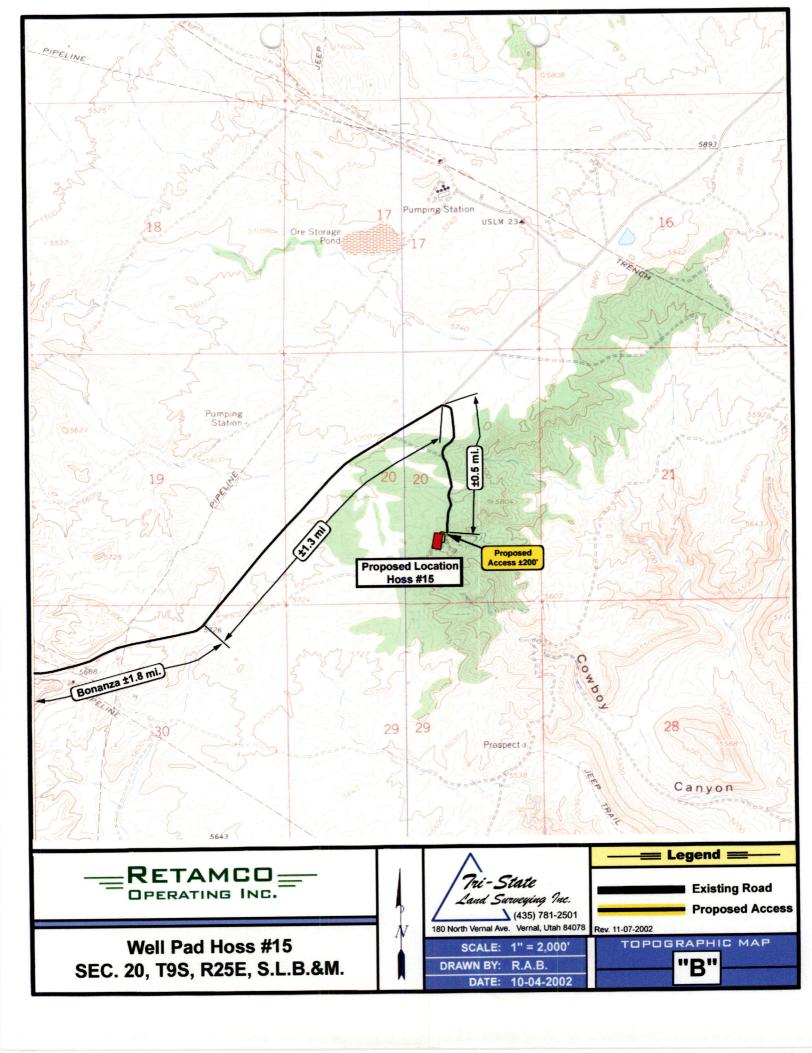
# RETAMCO OPERATING, INC. CROSS SECTIONS HOSS #15 20, 11 STA. 3+25 1" = 5020, H STA. 2+50 1" = 50'EXISTING GRADE FINISHED GRADE 20 WELL HOLE 11 1" = 50'STA. 1+75 20, Ш 1" = 50'STA. 0+00 ESTIMATED EARTHWORK QUANTITIES (Expressed in Cubic Yards) ITEM CUT **EXCESS** FILL TOPSOIL PAD 4,370 4,370 Topsoil is not included in Pad Cut UNLESS OTHERWISE NOTED PIT 1,240 1,240 ALL CUT/FILL SLOPES ARE TOTALS 5,610 4,370 1,180 1,240 AT 1.5:1 State Surveying, Inc. 38 WEST 100 NORTH VERNAL, UTAH 84078 Tri(435) 781-2501 SCALE: 1'' = 50'SURVEYED BY: D.J.S. DRAWN BY: J.R.S. DATE: 11-7-02

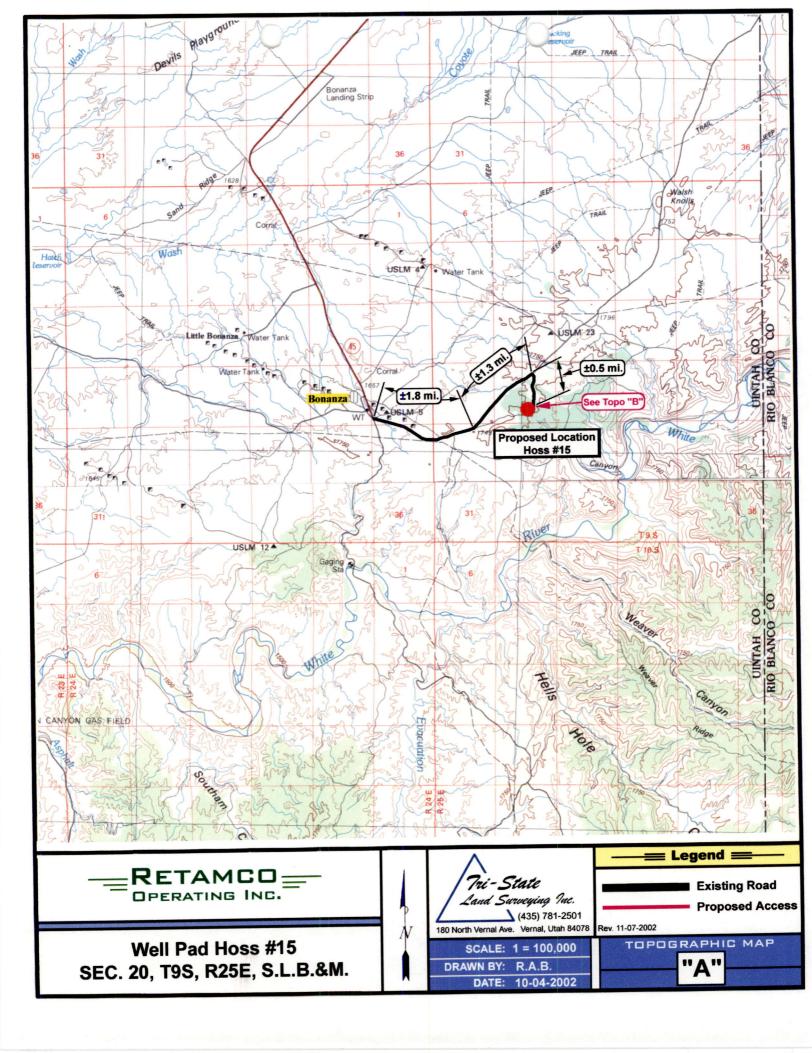
# RETAMCO OPERATING, INC.

TYPICAL RIG LAYOUT
HOSS #15



| SURVEYED BY: | D. J. S. | SCALE: | 1" = 50' | /Ţri State                              | (435) 781–2501        |
|--------------|----------|--------|----------|-----------------------------------------|-----------------------|
| DRAWN BY:    | J.R.S.   | DATE:  | 11-7-02  | Land Surveying, 38 WEST 100 NORTH VERNA | Inc.<br>L. UTAH 84078 |





# DIVISION OF OIL, GAS AND MINING APPLICATION FOR PERMIT TO DRILL STATEMENT OF BASIS

| OPERATOR:                  | RETAMCO OPERATING INC.                                                         |  |
|----------------------------|--------------------------------------------------------------------------------|--|
| WELL NAME & NUMBER:        | HOSS #15                                                                       |  |
| API NUMBER:                | 43-047-34756                                                                   |  |
| LOCATION: 1/4,1/4 SW/SE Se | ec: <u>20</u> TWP: <u>9S</u> RNG: <u>25E</u> <u>2088'</u> FEL <u>1291'</u> FSL |  |
|                            |                                                                                |  |
| Coology/Cusumd Waters      |                                                                                |  |

#### Geology/Ground Water:

Retamco proposes to set 300' of surface casing at this location. The depth to the base of the moderately saline water at this location is estimated to be at 5800 feet. A search of Division of Water Rights records shows no water wells within a 10,000 foot radius of the center of section 20. The surface formation at this site is the Uinta Formation close to the Green River Formation contact. The Uinta Formation is made up of interbedded shales and sandstones. The sandstones are mostly lenticular and discontinuous and should not be a significant source of useable ground water. The proposed casing program should adequately protect any underground sources of useable water.

| Reviewer: | Brad Hill  |  |
|-----------|------------|--|
| Date:     | 11/13/2002 |  |
|           |            |  |

#### Surface:

The predrill investigation of the surface was performed on 11/08/02 Floyd Bartlett with DWR and Ed Bonner with SITLA were invited to this investigation on 11/1/02. This site was inspected on 11/1/02 and at this meeting Mr. Bartlett, Mr. Bonner, Mr. Ryan (Retamco Representative) and I all agreed the site should be moved because of the difficulty in constructing the location and access road. The second site appears to be the best site for a location in the immediate area. There are numerous sandstone outcroppings in the area. Because of this, it will undoubtedly be necessary to drill and shoot while constructing reserve pit.

| Reviewer: | David W. Hackford |  |
|-----------|-------------------|--|
| Date:     | 11/13/02          |  |

# Conditions of Approval/Application for Permit to Drill:

1. A synthetic liner with a minimum thickness of 12 mils shall be properly installed, with a felt subliner, and maintained in the reserve pit.

Points of Diversion Page 1 of 2

UTAH DIVISION OF WATER RIGHTS

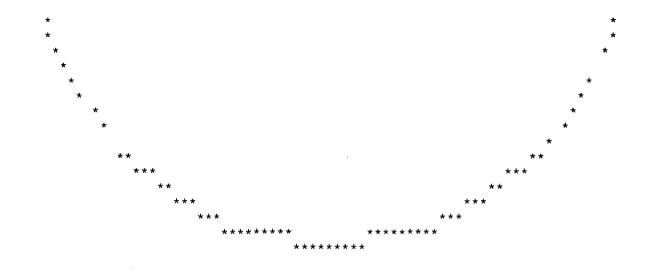
WATER RIGHT POINT OF DIVERSION PLOT CREATED WED, NOV 13, 2002, 4:19 PM
PLOT SHOWS LOCATION OF 0 POINTS OF DIVERSION

PLOT OF AN AREA WITH A RADIUS OF 10000 FEET FROM A POINT FEET, FEET OF THE CT CORNER,

SECTION 20 TOWNSHIP 9S RANGE 25E SL BASE AND MERIDIAN

PLOT SCALE IS APPROXIMATELY 1 INCH = 4000 FEET

NORTH



Well name:

11-02 Retamco Hoss #15

Operator:

Retamco Operating Inc.

String type:

Surface

Project ID:

43-047-34756

Location:

Collapse

**Utah County** 

Minimum design factors:

Collapse: Design factor H2S considered?

**Environment:** 

Mud weight:

Design parameters:

8.330 ppg

Surface temperature:

No 65 °F

Design is based on evacuated pipe.

1.125

Bottom hole temperature: Temperature gradient:

69 °F 1.40 °F/100ft

Minimum section length:

200 ft

**Burst:** 

Design factor

1.00

Cement top:

Surface

**Burst** 

Max anticipated surface

pressure:

0 psi

Internal gradient:

Calculated BHP

0.504 psi/ft 151 psi

Tension:

Neutral point:

1.80 (J) 1.80 (J)

1.60 (J)

Non-directional string.

No backup mud specified.

8 Round STC: 8 Round LTC: **Buttress:** 

Premium: 1.50 (J) Body yield: 1.50 (B)

Tension is based on air weight.

Re subsequent strings:

Next setting depth: Next mud weight: Next setting BHP:

5,480 ft 9.700 ppg 2,761 psi

Fracture mud wt: Fracture depth: Injection pressure 19.250 ppg 300 ft 300 psi

| Run | Segment        | <del></del>  | Nominal            |       | End      | True Vert     | Measured      | Drift            | Internal          |
|-----|----------------|--------------|--------------------|-------|----------|---------------|---------------|------------------|-------------------|
| Seq | Length<br>(ft) | Size<br>(in) | Weight<br>(lbs/ft) | Grade | Finish   | Depth<br>(ft) | Depth<br>(ft) | Diameter<br>(in) | Capacity<br>(ft³) |
| 1   | 300            | 9.625        | 32.30              | H-40  | ST&C     | 300           | 300           | 8.876            | 19                |
| Run | Coliapse       | Collapse     | Collapse           | Burst | Burst    | Burst         | Tension       | Tension          | Tension           |
| Seq | Load           | Strength     | Design             | Load  | Strength | Design        | Load          | Strength         | Design            |
|     | (psi)          | (psi)        | Factor             | (psi) | (psi)    | Factor        | (Kips)        | (Kips)           | Factor            |
| 1   | 130            | 1370         | 10.55              | 151   | 2270     | 15.02         | 10            | 254              | 26.21 J           |
|     |                |              | -                  |       |          |               |               |                  | -                 |

Prepared

**Dustin Doucet** 

Utah Dept. of Natural Resources by:

Phone: 801-538-5281 FAX: 801-359-3940

Date: November 13,2002 Salt Lake City, Utah

**ENGINEERING STIPULATIONS: NONE** 

Collapse strength is based on the Westcott, Dunlop & Kemler method of biaxial correction for tension.

Collapse is based on a vertical depth of 300 ft, a mud weight of 8.33 ppg. The casing is considered to be evacuated for collapse purposes. Burst strength is not adjusted for tension.

Well name:

11-02 Retamco Hoss #15

Operator:

Retamco Operating Inc.

String type:

Production

Location:

**Utah County** 

Project ID:

43-047-34756

Design parameters:

Collapse

Mud weight:

9.700 ppg

Design is based on evacuated pipe.

Minimum design factors:

Collapse: Design factor

1.125

**Environment:** H2S considered?

Surface temperature:

No 65 °F

Bottom hole temperature: Temperature gradient:

Non-directional string.

142 °F 1.40 °F/100ft

Minimum section length: 1,500 ft

**Burst:** 

Design factor

1.00

Cement top:

1,023 ft

Burst

Max anticipated surface

No backup mud specified.

pressure: Internal gradient:

Calculated BHP

0 psi

0.504 psi/ft

2,761 psi

8 Round LTC:

Body yield:

1.50 (B)

Tension:

8 Round STC: 1.80 (J) 1.80 (J) Buttress: 1.60 (J) 1.50 (J) Premium:

Tension is based on air weight. Neutral point: 4.685 ft

| Run | Segment        |              | Nominal            |              | End      | True Vert     | Measured      | Drift            | Internal          |
|-----|----------------|--------------|--------------------|--------------|----------|---------------|---------------|------------------|-------------------|
| Seq | Length<br>(ft) | Size<br>(in) | Weight<br>(lbs/ft) | Grade        | Finish   | Depth<br>(ft) | Depth<br>(ft) | Diameter<br>(in) | Capacity<br>(ft³) |
| 1   | 5480           | 4.5          | 11.60              | <b>J-</b> 55 | ST&C     | 5480          | 5480          | 3.875            | 127               |
| Run | Collapse       | Collapse     | Collapse           | Burst        | Burst    | Burst         | Tension       | Tension          | Tension           |
| Seq | Load           | Strength     | Design             | Load         | Strength | Design        | Load          | Strength         | Design            |
|     | (psi)          | (psi)        | Factor             | (psi)        | (psi)    | Factor        | (Kips)        | (Kips)           | Factor            |
| 1   | 2761           | 4960         | 1.80               | 2761         | 5350     | 1.94          | 64            | 154              | 2.42 J            |
|     |                |              |                    |              |          |               |               |                  |                   |

Prepared

**Dustin Doucet** 

by:

Utah Dept. of Natural Resources

Phone: 801-538-5281

FAX: 801-359-3940

Date: November 13,2002 Salt Lake City, Utah

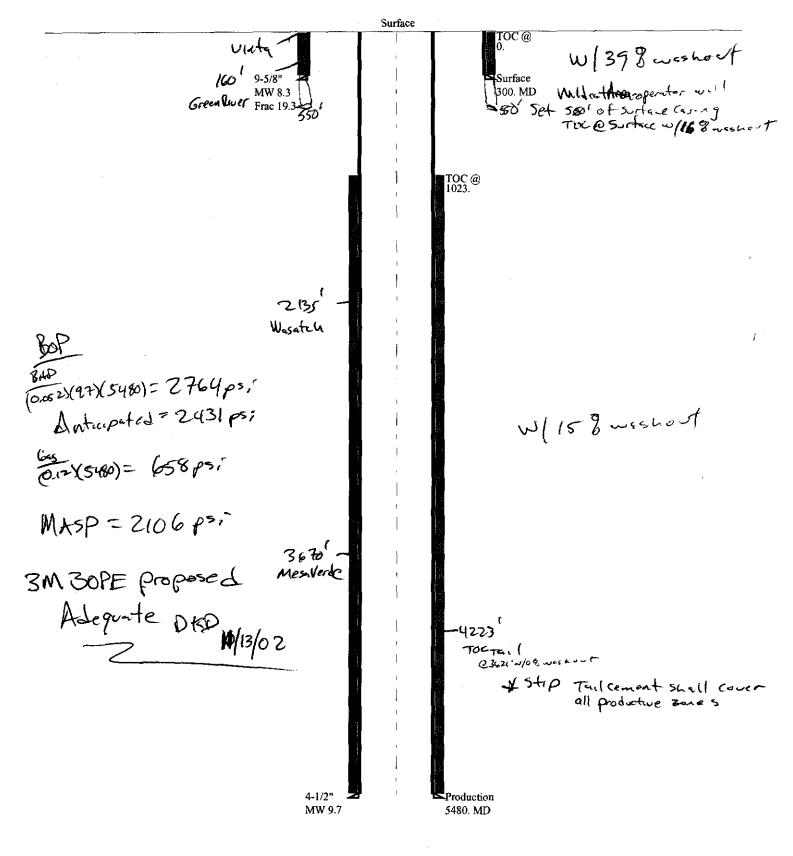
**ENGINEERING STIPULATIONS: NONE** 

Collapse strength is based on the Westcott, Dunlop & Kemler method of biaxial correction for tension.

Collapse is based on a vertical depth of 5480 ft, a mud weight of 9.7 ppg. The casing is considered to be evacuated for collapse purposes. Burst strength is not adjusted for tension.

# 11-02 Retamco Hoss #15

Casing Schematic



Michael O. Leavitt Governor Robert L. Morgan Executive Director Lowell P. Braxton

Division Director

1594 West North Temple, Suite 1210 PO Box 145801 Salt Lake City, Utah 84114-5801 (801) 538-5340 telephone (801) 359-3940 fax (801) 538-7223 TTY www.nr.utah.gov

November 14, 2002

Retamco Operating c/o Crazy Mountain Inc. PO Box 577 Laurel MT 59044

Re: Hoss #15 Well, 1291' FSL, 2088' FEL, SW SE, Sec. 20, T. 9 South, R. 25 East,

Uintah County, Utah

### Gentlemen:

Pursuant to the provisions and requirements of Utah Code Ann.§ 40-6-1 *et seq.*, Utah Administrative Code R649-3-1 *et seq.*, and the attached Conditions of Approval, approval to drill the referenced well is granted.

Appropriate information has been submitted to DOGM and administrative approval of the requested exception location is hereby granted.

This approval shall expire one year from the above date unless substantial and continuous operation is underway, or a request for extension is made prior to the expiration date. The API identification number assigned to this well is 43-047-34756.

Sincerely,

for John R. Baza

Associate Director

er

Enclosures

cc:

**Uintah County Assessor** 

SITLA

Bureau of Land Management, Vernal Field Office



| Operator:   |        | Reta    | mco Operating c/o Ci | razy Mountain Inc. |   |
|-------------|--------|---------|----------------------|--------------------|---|
| Well Name & | Number |         | Hoss #15             |                    |   |
| API Number: |        |         | 43-047-34756         |                    |   |
| Lease:      |        |         | ML 45558             |                    |   |
| Location:   | SW SE  | Sec 20_ | T. 9 South           | R. 25 East         | v |

### **Conditions of Approval**

General

Compliance with the requirements of Utah Admin. R. 649-1 et seq., the Oil and Gas Conservation General Rules, and the applicable terms and provisions of the approved Application for permit to drill.

2. Notification Requirements

The operator is required to notify the Division of Oil, Gas and Mining of the following actions during drilling of this well:

- 24 hours prior to cementing or testing casing
- 24 hours prior to testing blowout prevention equipment
- 24 hours prior to spudding the well
- within 24 hours of any emergency changes made to the approved drilling program
- prior to commencing operations to plug and abandon the well

The following are Division of Oil, Gas and Mining contacts and their work telephone numbers (please leave a voice mail message if the person is not available to take the call):

- Dan Jarvis at (801) 538-5338
- Carol Daniels at (801) 538-5284 (spud)

3. Reporting Requirements

All required reports, forms and submittals will be promptly filed with the Division, including but not limited to the Entity Action Form (Form 6), Report of Water Encountered During Drilling (Form 7), Weekly Progress Reports for drilling and completion operations, and Sundry Notices and Reports on Wells requesting approval of change of plans or other operational actions.

- 4. Compliance with the State of Utah Antiquities Act forbids disturbance of archeological, historical, or paleontological remains. Should archeological, historical or paleontological remains be encountered during your operations, you are required to immediately suspend all operations and immediately inform the Trust Lands Administration and the Division of State History of the discovery of such remains.
- 5. Compliance with the Conditions of Approval/Application for Permit to Drill outlined in the Statement of Basis. (Copy Attached)
- 6. This proposed well is located in an area for which drilling units (well spacing patterns) have not been established through an order of the Board of Oil, Gas and Mining (the "Board"). In order to avoid the possibility of waste or injury to correlative rights, the operator is requested, once the well has been drilled, completed, and has produced, to analyze geological and engineering data generated therefrom, as well as any similar data from surrounding areas if available. As soon as is practicable after completion of its analysis, and if the analysis suggests an area larger than the quarter-quarter section upon which the well is located is being drained, the operator is requested to seek an appropriate order from the Board establishing drilling and spacing units in conformance with such analysis by filing a Request for Agency Action with the Board.
- 7. Production casing tail cement (Premium AG) shall cover all productive zones.



Crazy Mountain Oil & Gas Services P.O. Box 577 Laurel, MT 59044 (406) 628-4164

\* Please deliver ASAD THANK YOU!

TO:

Dustin

State of Utah\_

Date:

11/14/2002\_\_\_

FROM.

Molly Conrad

Crazy Mountain, Inc.

DBA Crazy Mountain Oil & Gas Services

(406) 628-4164: Phone & Fax E-Mail: crazymtnmc@cablemt.net

Number of Pages including cover sheet: 13

NOTE:

Attached is the amended Form 3 that you requested. I will send the originals via Fed X today. Could I possibly get verbal permission to set surface casing over the weekend?? I will call to make sure that you received all pages.

Thanks so much for your help.

Please note email change. crazymtnmc@cablemt.net

RECEIVED

NOV 1 4 2002

DIVISION OF OIL, GAS AND MINING

FORM 3

## 002

# STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

AMENDED REPORT (highlight changes)

|                                                                                        | A                                     | PPLICATI                              | ON FOR I        | PERMIT TO               | ) DRILL       |                                                   | ***         | 5. MINERAL LI<br>MI-45558 | 1                    | 6. SURFACE:<br>State |
|----------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-----------------|-------------------------|---------------|---------------------------------------------------|-------------|---------------------------|----------------------|----------------------|
| 1A. TYPE OF WOR                                                                        | kk: DF                                | RILL R                                | EENTER          | DEEPEN                  |               |                                                   |             | 7. IF INDIAN, /           | ALLOTTEE OR T        | RIBE NAME:           |
| 8. TYPE OF WELL                                                                        | L: OIL                                | GAS 🗹 O                               | THER            | SIN                     | GLE ZONE [    | MULTIPLE Z                                        | ONE 🗹       |                           | AGREEMENTN<br>A Unit | AME:                 |
| 2. NAME OF OPER                                                                        |                                       |                                       |                 |                         |               |                                                   |             |                           | E and NUMBER:        |                      |
| 3. ADDRESS OF O                                                                        |                                       | Crazy Mour                            | itain inc.      | ··· <del>** ··· •</del> |               |                                                   |             | Hoss #1                   | 5<br>D POOL, OR WIL  |                      |
| P.O. Box 57                                                                            |                                       | <b>CITY</b> Laurel                    | STAT            | E MT 21P 590            | 044           | PHONE NUMBER: (406) 628-416                       | <b>34</b>   | Wildcat                   | J POOL, OR WIL       | JUAN:                |
| 4. LOCATION OF V                                                                       | •                                     | •                                     |                 |                         |               |                                                   |             | 11. QTR/QTR,<br>MERIDIAN: |                      | NSHIP, RANGE,        |
| AT SURFACE:                                                                            | 1291' FSL                             | & 2088' FEL                           | SWSE Sec        | tion 20, T9S,           | R25E          |                                                   |             | SWSE                      | 20 98                | 25E                  |
| AT PROPOSED F                                                                          | PRODUCING ZON                         | E:                                    |                 |                         |               |                                                   |             |                           |                      |                      |
| 14. DISTANCE IN I                                                                      | MILES AND DIREC                       | TION FROM NEARE                       | ST TOWN OR POS  | T OFFICE:               |               | <del></del>                                       |             | 12. COUNTY:               |                      | 13. STATE:           |
| Approxima                                                                              | ately 3 mile                          | s East of Bon                         | anza, Utah      | on Stanton R            | oad - See     | Surface Use F                                     | rog.        | Uintah                    |                      | UTAH                 |
|                                                                                        |                                       | RTY OR LEASE LIN                      | E (FEET)        | 16. NUMBER O            | FACRES IN LEA | SE:                                               | 17. N       | UMBER OF ACE              | RES ASSIGNED         | TO THIS WELL:        |
| Approxima                                                                              |                                       |                                       |                 |                         |               | 1376.6                                            |             |                           |                      | 40                   |
|                                                                                        | NEAREST WELL<br>ON THIS LEASE         | (DRILLING, COMPLE<br>(FEET)           | TED, OR         | 19. PROPOSED            | DEPTH:        |                                                   | 1           | OND DESCRIPT              | ION:                 |                      |
| n/a                                                                                    |                                       |                                       |                 |                         |               | 5,48                                              |             | T-1088                    |                      | ·                    |
| 21. ELEVATIONS (SHOW WHETHER DF, RT, GR, ETC.): 22. APPROXIMATION 5796.1' GL 11/15/200 |                                       |                                       |                 |                         |               | (WILL START:                                      |             | STIMATED DUR  Days        | ATION:               |                      |
| 5/96.1 GL                                                                              |                                       |                                       |                 |                         |               |                                                   |             | Days                      |                      |                      |
| 24.                                                                                    |                                       | · · ·                                 | PROPOS          | ED CASING A             | ND CEMEN      | TING PROGRA                                       | M           |                           |                      |                      |
| SIZE OF HOLE CASING SIZE, GRADE, AND WEIGHT PER FOOT SETTING DEPTH CEMENT TYPE         |                                       |                                       |                 |                         | QUANTITY      | YIELD, AND SL                                     | URRY WEIGHT |                           |                      |                      |
| 12-1/4" 9-5/8" H-40 32.3# 550 28                                                       |                                       |                                       |                 |                         | 280 sxs H     | 280 sxs Halliburton Premium AG 1.18 Yld 15.6#/gal |             |                           |                      |                      |
| 7-7/8"                                                                                 | 4-1/2"                                | J-55                                  | 11.6#           | 5,500                   | 280 sxs H     | lalliburton                                       |             | HI-FIII                   | 3.85 Yld             | 11#/gal w            |
|                                                                                        |                                       |                                       |                 |                         | Followed      | by 365 sxs                                        | Premiu      | ım AG w                   | //additives          |                      |
|                                                                                        | <u>.</u>                              |                                       |                 |                         | **NOTE:       | All producing                                     | Interva     | als will                  | be cmt'd             | with                 |
|                                                                                        | <del></del>                           |                                       |                 |                         | Premium       | AG.                                               | i           |                           |                      |                      |
|                                                                                        | <del> </del>                          |                                       |                 |                         | ,             |                                                   |             |                           |                      |                      |
|                                                                                        |                                       | · · · · · · · · · · · · · · · · · · · |                 | <del></del>             |               |                                                   |             | _                         |                      |                      |
| 25.                                                                                    | · · · · · · · · · · · · · · · · · · · |                                       |                 | ATTA                    | CHMENTS       |                                                   |             |                           |                      | <u> </u>             |
| VERIFY THE FOLL                                                                        | OWING ARE ATT                         | ACHED IN ACCORD                       | ANCE WITH THE U | TAH OIL AND GAS C       | ONSERVATION   | GENERAL RULES:                                    |             |                           |                      |                      |
| WELL PLA                                                                               | T OR MAP PREPA                        | VRED BY LICENSED                      | SURVEYOR OR EN  | IGINEER                 |               | MPLETE DRILLING PL                                | AN          |                           |                      |                      |
| EVIDENCE                                                                               | E OF DIVISION OF                      | WATER RIGHTS AF                       | PROVAL FOR USE  | OF WATER                | — F0          | RM 5, IF OPERATOR IS                              | DEDSON      | OP COMPANY O              | THED THAN TH         | E I EASE OWNED       |
|                                                                                        |                                       |                                       |                 |                         |               |                                                   |             |                           | THE PHARTE           |                      |
| NAME (PLEASE P                                                                         | <sub>eint</sub> , Molly (             | Conrad                                |                 |                         | TITL          | Agent for R                                       | etamco      | Operating                 | ı İnc.               |                      |
| r                                                                                      | Volt                                  | 1 Onl                                 | 00.             |                         |               |                                                   |             |                           |                      |                      |
| SIGNATURE 1                                                                            | · ULU                                 | 4 201 1                               |                 |                         | DAT           | 11/14/2002                                        |             |                           |                      |                      |
| (This space for State                                                                  | use only)                             | 7                                     |                 |                         |               |                                                   |             |                           |                      |                      |
|                                                                                        |                                       |                                       |                 |                         |               |                                                   |             |                           |                      |                      |
| API NUMBER ASSI                                                                        | IGNED:                                |                                       |                 |                         | APPROVAL      |                                                   |             |                           |                      |                      |

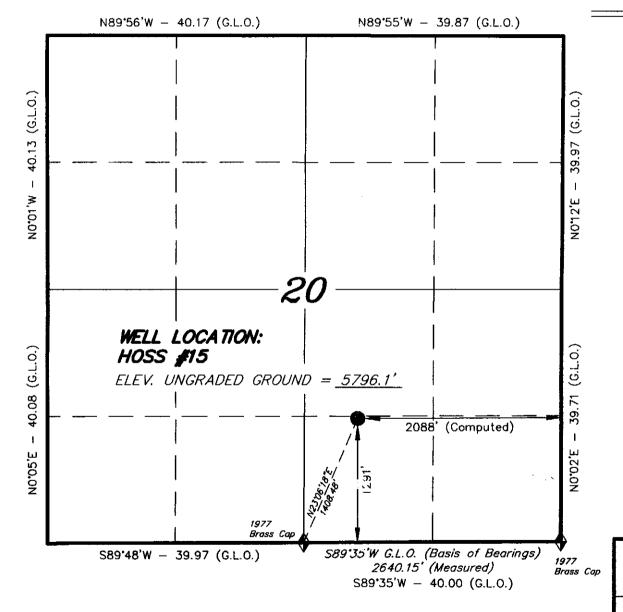
# STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

FORM 3

AMENDED REPORT (highlight changes)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AJ                | 8. MINERAL LEASE NO.<br>MI-45568 | 6, SURPACE:<br>State |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------|----------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | T. IF WIDIAN, ALLOTTEE OR        | TRIBE NAME:          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| 1A. TYPE OF WORL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e DRI             | IN UNIT OF CA AGRESIMENT         | NAME;                |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| 8. TYPE OF WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | : OIL 🗆 (         | Bonanza Unit                     |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| 2. NAME OF OPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATORE             | Hosa #15                         | N.                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| Retamoo Op                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | erating, c/o      | 10. PIELD AND POOL, OR V         | VILDCAT:             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| P.O. Box 57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRATOR:           | Wildcat                          | TANKE MANAGE         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| 4 LOCATION OF V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VELL (FOOTAGES)   | cmy Laurel                       |                      | MT zp 5904            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. CTRVQTR, SECTION, TO    |                    |  |  |
| AT QURFACE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1291' FSL 8       | 2088' FEL                        | SWSE Section         | on 20, <b>T95</b> , R | <b>125E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SWSE 20 95                  | 25E                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HODUCING ZONI     |                                  |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12. COUNTY:                 | 13. STATE          |  |  |
| (4 DISTANCE IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VILLES AND DIREC  | TION FROM NEARS                  | ET TOWN OR POST      | OFFICE:               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | HATU               |  |  |
| Approxima                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ately 3 miles     | East of Bor                      | lanza, Utah o        | rı Stanton Ro         | ed - See Surface Use Prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17. NUMBER OF ACRES ASSIGNE | O TO THIS WELL     |  |  |
| 46. DISTANCE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NEAREST PROPE     | RTY OR LEASE LIN                 | E (PEET)             | 16. NUMBER OF         | ACRES IN LEASE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1/. NUMBER OF PLACE ASSUME  | 40                 |  |  |
| Approximately 1291' 1376.66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                  |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20. HOND DESCRIPTION:       |                    |  |  |
| THE PROPOSED DEPTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                  |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UT-1088                     |                    |  |  |
| n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                  |                      |                       | 24. BETIMATED DURATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                    |  |  |
| 21. ELEVATIONS (SHOW WHISTHER OF, RT, GR, ETC.):  22. APPROXIMATE DATE WORK WILL START: 44/45/2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                  |                      |                       | 10 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                    |  |  |
| 5796.1' G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L '               | l                                |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| PROPOSED CASING AND CEMENTING PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                  |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| COMENT TYPE, CLIANTITY, YIELD, AND SURREY WEIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                  |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| ATT OF HOLE   CASING SICE, GIVEN, THE PROPERTY OF THE PROPERTY |                   |                                  |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | emium AG 1.18 \             |                    |  |  |
| 7-7/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4-1/2"            | J-55                             | 11.6#                | 5,500                 | 280 exa Hallfburton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HI-FM 3.85 \                |                    |  |  |
| Followed by 365 axe Premium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                  |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | res                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>          | tervals will be on               | red with             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                  |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| 25.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                  |                      |                       | CHMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                    |  |  |
| VEREY THE FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | KLOMING ARE AT    | TACHED IN AGCOR                  | DANCE WITH THE L     | TAH OIL AND GAS (     | CONSERVATION GENERAL RULES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                    |  |  |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LATOR WAP PRE     | PARED BY LICENSE                 | ED SURVEYOR OR E     | NGINEER               | COMPLETE BRILLING PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ı                           |                    |  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                  | APPROVAL FOR US      |                       | FORM 5, IF OPERATOR IS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PERBON OR COMPANY OTHER TH  | IN THE LEASE OWNER |  |  |
| EVIDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ice of Division ( | A MENIEK STALLS                  | M t HOAVE LOUGH      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                  |                      |                       | Assent for On                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tamoo Operating Inc.        |                    |  |  |
| name (pleas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRINT) Molly      | Conred                           |                      |                       | 1111-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | THE PERSON NAMED IN COLUMN  |                    |  |  |
| SKANATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MOLL              | <u>u lon</u>                     | rael                 |                       | DATE 11/14/2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |  |  |
| (This appear for S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sala was saled    | 0                                |                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l.                          |                    |  |  |
| (14HP directo set a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Man and only!     |                                  |                      | 7~                    | A COMPANIES OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RECEIVE                     | =n                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .15               | 3-047-34                         | 1001                 |                       | A Gride Marin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TILULIVE IVE                |                    |  |  |
| API NUMBER A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ASSIGNED: 45      | C 1+10-                          | 1736                 |                       | THE STATE OF THE S | NOV 1 4 2002                | )                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                  | (                    |                       | 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>;</u>                    | •                  |  |  |
| (11/2001)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                  | 1                    | N: Taken              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIVISION OF                 |                    |  |  |
| (1.16504.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                  |                      | ~• <del>~~</del>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OIL, GAS AND MIN            |                    |  |  |
| GE 85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ₩4                |                                  | 980                  | CRAZY MTN             | / 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                           | 11/14/2002         |  |  |

# T9S, R25E, S.L.B.&M.



♦ = SECTION CORNERS LOCATED

BASIS OF ELEV; U.S.G.S. 7-1/2 min QUAD (WALSH KNOLLS)

### RETAMCO OPERATING, INC.

WELL LOCATION, HOSS #15, LOCATED AS SHOWN IN THE SW 1/4 SE 1/4 OF SECTION 20, T9S, R25E, S.L.B.&M. UINTAH COUNTY, UTAH.



THIS IS TO CERTIFY THAT THE ABOVE PLANTAS
PREPARED FROM FIELD NOTES OF COTUAL SURVEYS
MADE BY ME OR UNDER MY SUBSTITUTE AND THE SAME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF NO. 1893/7

REGISTERED LANDAS REGISTRATION No. 9 STAIN OF UTAH

### TRI STATE LAND SURVEYING & CONSULTING

180 NORTH VERNAL AVE. - VERNAL, UTAH 84078 (435) 781-2501

| SCALE: | 1" = 1000' | SURVEYED BY: | D.J.S. |
|--------|------------|--------------|--------|
| DATE:  | 11-7-02    |              |        |
| DRAWN  | BY: J.R.S. | FILE #       |        |

### STATE OF UTAH **DEPARTMENT OF NATURAL RESOURCES** DIVISION OF OIL, GAS AND MINING



NOV 2 7 2002

### **ENTITY ACTION FORM**

DIVISION OF OIL, GAS AND MINING

Operator:

Retamco Operating Inc., c/o Crazy Mountain Inc.

Operator Account Number: N 6020

Address:

P.O. Box 577

city Laurel

state MT

zip 59044

Phone Number: (406) 628-4164

#### Well 1

| 4304734756  | Hoss #15                 |        | sws | 20       | 98 | 25E  | Uintah                      |
|-------------|--------------------------|--------|-----|----------|----|------|-----------------------------|
| Action Code | Gurrent Entity<br>Number | Number | s.  | pud Da   |    |      | y Assignment<br>ective Date |
| Α           | 99999                    | 13675  | 1   | 1/19/200 | )2 | 11-2 | 1-02                        |

#### Well 2

| A Number    |                   | el Kame |             | iliğeci Two  | Rngn     |                |
|-------------|-------------------|---------|-------------|--------------|----------|----------------|
|             | · 自由公司的公司 (1985年) |         |             | OBR MI       |          | County         |
|             | · ·               |         |             |              |          |                |
| Action Code | Current Entity    | New En  | To a second | Spud Date    |          | elanment       |
|             | Number            | Numbe   |             | Partis Santa | Effectiv | /e Date        |
|             |                   |         |             |              |          |                |
|             |                   |         | •           |              |          |                |
| Comments:   |                   |         |             |              |          |                |
|             |                   |         |             |              |          | *- <del></del> |
|             |                   |         |             |              |          |                |

#### Well 3

| I Kir ii ii Gounty                                  |  |
|-----------------------------------------------------|--|
|                                                     |  |
| ate Entity Assignment Effective Date                |  |
| and typesasses see an annual month of the see asset |  |

### **ACTION CODES:**

- A Establish new entity for new well (single well only)
- B Add new well to existing entity (group or unit well)
- C Re-assign well from one existing entity to another existing entity
- D Re-assign well from one existing entity to a new entity
- E Other (Explain in 'comments' section)

|  | Co |  |  |
|--|----|--|--|
|  |    |  |  |
|  |    |  |  |

Name (Please Print)

Signature

Agent for Retamco Op.

11/20/2002

Title

Date

FORM 9

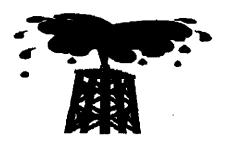
STATE OF UTAH

|    | DEPARTMENT OF NATURAL RESOURCE |
|----|--------------------------------|
| 10 | DIVISION OF OIL, GAS AND MININ |

| 10                                            | DIVISION OF OIL, GAS AND M                                   |                                                        | 5. LEASE DESIGNATION AND SERIAL NUMBER: ML-45558       |
|-----------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| SUNDI                                         | RY NOTICES AND REPORT                                        | S ON WELLS                                             | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                  |
| Do not use this form for proposals to o       | drill new wells, significantly deepen existing wells below a | urrent bottom-hole depth, reenter plugged wells, or to | 7. UNIT or CA AGREEMENT NAME:                          |
| drill horizon  1. TYPE OF WELL                | tal laterals. Use APPLICATION FOR PERMIT TO DRILL            | form for such proposals.                               | Bonanza Unit  8. WELL NAME and NUMBER:                 |
| OIL WE                                        | LL GAS WELL 🗹 OTHER                                          |                                                        | Hoss #15                                               |
|                                               | ., c/o Crazy Mountain Inc.                                   |                                                        | 9. API NUMBER:<br>4304734756                           |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 577       | CITY Laurel STATE MT ZI                                      | PHONE NUMBER: (406) 628-4164                           | 10. FIELD AND POOL, OR WILDCAT: Wildcat                |
| 4. LOCATION OF WELL                           |                                                              |                                                        |                                                        |
| FOOTAGES AT SURFACE: 129                      | 1' FSL & 2088 FEL                                            |                                                        | соимту: Uintah                                         |
| QTR/QTR, SECTION, TOWNSHIP,                   | RANGE, MERIDIAN: SWSE 20 T9S                                 | 25E                                                    | STATE:                                                 |
| 11. CHECK AF                                  | PPROPRIATE BOXES TO INDICA                                   | TE NATURE OF NOTICE, REP                               | ORT, OR OTHER DATA                                     |
| TYPE OF SUBMISSION                            |                                                              | TYPE OF ACTION                                         |                                                        |
| NOTICE OF INTENT (Submit in Duplicate)        | ACIDIZE  ALTER CASING                                        | DEEPEN FRACTURE TREAT                                  | REPERFORATE CURRENT FORMATION SIDETRACK TO REPAIR WELL |
| Approximate date work will start              | CASING REPAIR                                                | NEW CONSTRUCTION                                       | TEMPORARILY ABANDON                                    |
|                                               | CHANGE TO PREVIOUS PLANS                                     | OPERATOR CHANGE                                        | TUBING REPAIR                                          |
|                                               | CHANGE TUBING                                                | PLUG AND ABANDON                                       | VÉNT OR FLARE                                          |
| SUBSEQUENT REPORT (Submit Original Form Only) | CHANGE WELL NAME                                             | PLUG BACK                                              | WATER DISPOSAL                                         |
| Date of work completion:                      | CHANGE WELL STATUS                                           | PRODUCTION (START/RESUME)                              | WATER SHUT-OFF                                         |
|                                               | COMMINGLE PRODUCING FORMATIONS CONVERT WELL TYPE             |                                                        | OTHER: Spud Well                                       |
|                                               | R COMPLETED OPERATIONS. Clearly show all                     | Pertinent details including dates, depths, volume      |                                                        |
| Operator Spud well on                         | November 19, 2002.                                           |                                                        |                                                        |
|                                               |                                                              | F                                                      | RECEIVED                                               |
|                                               |                                                              |                                                        | NOV 2 7 2002                                           |
|                                               |                                                              | <u>.</u>                                               | DIVISION OF                                            |
|                                               |                                                              | * OI                                                   | L, GAS AND MINING                                      |
|                                               |                                                              |                                                        | •                                                      |
|                                               |                                                              |                                                        |                                                        |
|                                               |                                                              |                                                        |                                                        |
|                                               |                                                              |                                                        |                                                        |
|                                               |                                                              |                                                        |                                                        |
| Maller                                        | anned                                                        |                                                        |                                                        |
| NAME (PLEASE PRINT) MOILY C                   | onrao                                                        | Agent for Retain                                       | nco Operating                                          |

(This space for State use only)

DATE 11/21/2002



Crazy Mountain Oil & Gas Services P.O. Box 577 Laurel, MT 59044

| TO:   | Carol Daniels |
|-------|---------------|
|       | State of Utah |
| Date: | 1/14/2002     |

FROM.

Molly Conrad

Crazy Mountain, Inc.

DBA Crazy Mountain Oil & Gas Services

(406) 628-4164: Phone & Fax E-Mail: crazymtnmc@cablemt.net

Number of Pages including cover sheet: 4

Hi Carol:

Sorry I forgot about this, thank you for the reminder. I will send the originals in the mail this afternoon.

Please let me know if you need anything else.

JAN 1 4 2003

DIV. OF OIL, GAS & MINING

# CONFIDENTIAL

| DEPARTMENT OF NATURAL RESPONSES  SUNDRY NOTICES AND REPORTS ON WELLS  1 P SOUR ALLITING ON PRINT  Do not see this time in proceeds and the seems appropriate place and and the time in proceeds and the seems and appropriate place to the seems and the seems |              |                                         |          | STATE            |                 |             |              |                                       |         | FORMS                         |
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| SUNDRY NOTICES AND REPORTS ON WELLS  The critical processor in degree and approach and only any analysis of the control and and the control and the contro |              |                                         |          |                  |                 |             |              |                                       |         |                               |
| The control was the form its programatic analysis and an addition would be control become have an approach.  The control is a property and its analysis analysis and its analysis analysis and its analysis analysis analysis and its analysis an |              | SUNDRY                                  | NC       | TICES AND        | REPORT          | 8 OI        | N WEL        | <br>L8                                | 1       | DIAM ALLOTTEE OR TRIBE HAME:  |
| E. NUMBER OF OPENATION  REMARKAND OPPOPATION  S. ADDRESS OF STRATON  FOR JUNEAU STATE MT 2x 59044  LEAST OPPOPATION  TO CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMASSION  NOTICES OF BYTINT  (APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMASSION  NOTICES OF BYTINT  (APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMASSION  NOTICES OF BYTINT  (APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMASSION  NOTICES OF BYTINT  (APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMASSION  NOTICES OF BYTINT  (APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMASSION  NOTICES OF BYTINT  (APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMASSION  NOTICES OF BYTINT  (APPROPRIATE TRADAT  (APPROPRIA | <b>D</b> oi  |                                         |          |                  |                 |             |              |                                       | 7. UNT  |                               |
| E MARIE OF OPERATION PROFESSION CONTROL OF OTESTS MOUNTAIN INC.  E APPROAGRANGE ASSESSION STATE MT SP 59044 PROVIDE ALLEGATION OF MELL STATE MT SP 59044 (406) 628-4164 Wildcast COURTY LIFE STATE WITCH STATE MT SP 59044 (406) 628-4164 Wildcast COURTY LIFE STATE COURTY  |              | VECTO WELL                              |          |                  |                 | TOTAL TOP   | enen buspots | · · · · · · · · · · · · · · · · · · · | s. Will | A NAME and NUMBER:            |
| Resismo Operating Inc., of Crazy Mountain Inc.  ### Approximation of Processing Communication of the Well by Kept Confidence Inc.  ### Approximation of West Inc.  ### CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  ### CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  ### CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  ### CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  #### CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  ##################################                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9 14         |                                         | <u> </u> | and men (        |                 |             |              |                                       | 1       |                               |
| P.O. BOX 577 GITY LIBERTS  STATE MT 2P 59044 (405) 628-4164 Wildows  COMMYN. LIBERTS  COMMY |              |                                         | /o C     | razy Mountain    | inc.            |             |              |                                       | 430     | 4734756                       |
| LOCKTION OF WELL POSTAGE AS A WAYNOR 1281 FSL & 2086 FEL CTROTIN SECTION TOWNSHIP, RANGEL MERCHAN: SWSE 20 SS 25E  SETATE UTAM  11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMESSION  NOTICE OF ACTION  NOTICE OF ACTION  NOTICE OF ACTION  APPROPRIATE DUBBNIS  APPROPRIATE DUBBNIS  APPROPRIATE DUBBNIS  APPROPRIATE OR CARRY  APPROPRIATE OF REPORT  CHANGE TREND  CHAN | _            | CORPUS OF SPERATOR                      | 1.0      | ural             | . MT            | 500         | 44           |                                       |         |                               |
| THE CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION    ACTOR   DEFEN   ACTOR   DEFEN   | 4. 6         | OCATION OF WELL                         |          |                  | 7.              |             |              |                                       | 1 7     |                               |
| THE CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION    NOTICE OF INTENT   ADDRESS OR COMPARISON   REPORT FORMATION    | P            | OCTAGES AT SURFACE: 1291' (             | PSL      | & 2088' FEL      | (三) [1] [1] [1] |             | 1 114        |                                       | COUNT   | w. Uintah                     |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  NOTICE OF INTENT APPRING TO DISPLANS  APPRING TO DISPLANS  APPRING TO DISPLANS  CHANGE TO PREVIOUS FLANS  CHA |              |                                         |          |                  |                 | 25E:        | i n          |                                       | STATE   |                               |
| TYPE OF SUBMISSION    ACTOR   GREEN    |              | HISELIA DECINOSE TOMBOS STORES          |          |                  | (Mar.) 444 (    |             | • •          |                                       |         |                               |
| NOTICE OF INTENT   ACIDIZE   DESPIN   REPERCENTE CURRENT POPMATION   ACTER CARRY   PROFUNE TREAT   SECTION OF TENTOR TO SECTION OF TE   | 11.          | CHECK APPI                              | ₹OF      | RIATE BOXES      | TO INDICA       | TE N        | ATURE        | OF NOTICE, REPO                       | жт, o   | R OTHER DATA                  |
| CARRO REPAIR   Approximate date work self state   CARRO REPAIR   NEW CONSTRUCTION   TRUMPING Y ARABON   TURN REPAIR   TURN REPAIR Y ARABON   TURN REPAIR TO THE SHALL OF TH   |              | TYPE OF SUBMISSION                      |          |                  |                 |             | T            | YPE OF ACTION                         |         |                               |
| Approximate date work will start  CARING REPAIR  CHANGE TO REPAIR  CHANGE TURNS  CHANG |              | NOTICE OF INTENT                        |          | ACIDIZE          |                 |             | DERPEN       |                                       |         | REPERFORATE QURRENT FORMATION |
| CHANGE TO PREVIOUS PLANS CHANGE TO BREADUS PRODUCTION CONTROL COMMODE WELL NAME CHANGE TO BREAD CHANGE CHANGE BREAD CHANGE BREAD CHANGE BREAD CHANGE BREAD CHANGE BREAD CHANGE BREAD CHANGE CHANGE BREAD CHANGE CHAN | _            | (Submit in Duplicate)                   |          | ALTER CABING     |                 |             | PRACTURE     | TREAT                                 |         | SICETRACK TO REPAIR WELL      |
| SUBSECUENT REPORT   CHANGE WELL NAME   PLUG MCX   WATER DISPOSAL   CHANGE WELL NAME   PROJECTION (START/RESUME)   WATER DISPOSAL   CHANGE WELL STATUS   PROJECTION OF WELL STATUS   OTHER TIGHT-Hole Request   COMMUNICATIVELY TYPE   COMMUNICATION OF WELL STATUS   OTHER TIGHT-Hole Request   DESCRIBE PROFICED OR COMPLETED OPERATIONS. Clearly show all perferent details including dates, depths, volumes, etc.  Operator requests thet all information for the well be kept confidential for the period allowed by Utah Oil, Gas & Mining regulations.  NAME PLEASE PRINTY   Molly Contrad   TITLE   Agent for Retarnoc Operating, Inc.   DOWNTURE   WATER DISPOSAL   TITLE   Agent for Retarnoc Operating, Inc.   DOWNTURE   WATER DISPOSAL   DOWNTURE   PROPOSAL   WATER DISPOSAL   WATER DISPOSAL   WATER DISPOSAL   WATER DISPOSAL   WATER DISPOSAL   WATER DISPOSAL   OPERATOR PROPOSAL   WATER DISPOSAL   WATE |              | Approximate date work will start        |          | Caring Ripair    |                 |             | NEW CONS     | TRUCTION                              |         | TEMPORATEY ASANDON            |
| SUBSECUENT REPORT (Rubins Original Form Chir) Date of Next compliation: Document PROPUSED OR COMPLETED OPERATIONS. Closely show all persistent details including delox, depths, volumes, etc. Operator requests that all information for the well be kept confidential for the period allowed by Utah Oil, Gas & Mining regulations.  NAME PURASE PURITY Molly Contrad  TITLE Agent for Retamoc Operating, Inc.  PAGENTIFE  PURE Agent for Retamoc Operating, Inc.  PITTLE AGENT FOR Retamoc Operating, Inc.  PITTLE AGENT FOR Retamoc Operating, Inc.  PITTLE PURITY REPORT  PROPOSED OR COMPLETED OPERATIONS. Closely show all persistent details including delox, depths, volumes, etc.  Operator requests that all information for the well be kept confidential for the period allowed by Utah Oil, Gas & Mining  PITTLE AGENT FOR Retamoc Operating, Inc.  PITTLE PURITY REPORT  PROPOSED OR COMPLETED OPERATIONS  |              |                                         |          | CHANGE TO PREVIO | US PLANS        |             | OPERATOR     | OHANGE                                |         | TUBING REPAIR                 |
| CHANGE WELL STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                         |          | CHANGE TURNS     |                 |             | PLUG AND     | ABANDON                               |         | VENT OR FLARE                 |
| Date of funck completion:    CHANGE WELL STATUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |          | CHANGE WELL NAME | i               |             | PLUG BACK    | ι ,                                   |         | WATER DISPOSAL                |
| COMMUNITY   COMPLETE PROPOSED OR COMPLETED OPERATIONS. Clearly show at pertnert details including dates, depths, volumes, etc.  Operator requests that all information for the well be kept confidential for the period allowed by Utah Oil, Gas & Mining regulations.  NAME PREASE PRINTY Molly Contrad TITLE Agent for Retamoc Operating, Inc.  BOOMSTURE OF THE PROPOSED OR COMPLETE DEPENDENT FORMATION TO THE Well be kept confidential for the period allowed by Utah Oil, Gas & Mining regulations.    Agent for Retamoc Operating, Inc.   DATE   1/14/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                         |          | CHANGE WELL BYAT | VS              |             | PRODUCTION   | ON (START/REBUME)                     |         |                               |
| 12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all perinent details including delete, depths, volumes, etc.  Operator requests that all information for the well be kept confidential for the period allowed by Utah Oil, Gas & Mining regulations.  NAME PREASE PRINTY Molly Contrad  TITLE Agent for Retarnoo Operating, Inc.  DATE 1/14/2003  THIS operator for finds use mity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Date of work free house.                |          | COMMUNICAE PRODU | DING FORMATIONS |             | REGLAMAT     | ion of well site                      |         | OTHER Tight-Hole Request      |
| Operator requests that all information for the well be kept confidential for the period allowed by Utah Oil, Gas & Mining regulations.  NAME PURASS PRINTY Molly Contrad  TITLE Agent for Retamco Operating, Inc.  DATE 1/14/2003  RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                         |          | CONVERT WELL TYP | £               |             | RECOMPLE     | TE - DIFFERENT FORMATION              |         |                               |
| STORMATURE MOLLY CONTOCO DATE 1/14/2003  THIS SPACE FOR Plade was surry)  RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Oj           | perator requests that all<br>guistions. | Info     |                  | •               |             |              |                                       |         | ah Oil, Gas & Mining          |
| This space for Plate use unity)  RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAM          | PLEASE PRINT) Molly Con                 | rad      |                  |                 | <del></del> | тп.          | - <u> </u>                            | со Орг  | erating, Inc.                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>\$141</b> | NTURE 1 1 OCCU                          | <u> </u> | MACA             |                 |             | DAT          | 1/14/2003                             |         |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Talis si    | page for State use entry)               | <u> </u> | <u> </u>         | <del></del>     | ·····       |              | <del></del>                           | R       | CEIVED                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |          |                  |                 | -           |              |                                       | 14      | ANI 1 A DOOD                  |

DIV. OF OIL, GAS & MINING

(5/2000)

ORAZY MTN 0&G





CONFIDENTIAL

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL GAS AND MINING

| Di                                                                            | VISION OF OIL, GAS                                                 | AND MINING                                                            | ·                                 |                  | E DESIGNATION AND SERIAL NUMBER:   |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------|------------------|------------------------------------|
| SUNDRY I                                                                      | NOTICES AND RE                                                     | PORTS ON WEL                                                          | LS                                | 6. IF IND        | DIAN, ALLOTTEE OR TRIBE NAME:      |
| Do not use this form for proposals to drill new                               | wells, significantly deepen existing was. Use APPLICATION FOR PERM | vells below current bottom-hole de<br>iTTO DRILL form for such propos | ith, reenter plugged wells, or to |                  | or CA AGREEMENT NAME:<br>Anza Unit |
| 1. TYPE OF WELL OIL WELL                                                      | GAS WELL 🗹                                                         | OTHER                                                                 |                                   | 8. WELL          | NAME and NUMBER:                   |
| 2. NAME OF OPERATOR:                                                          | · · · · · · · · · · · · · · · · · · ·                              |                                                                       | ····                              | 9. APJN          |                                    |
| Retamco Operating Inc., c/o                                                   | Crazy Mountain Inc.                                                |                                                                       |                                   | 4344             | 734756                             |
| 3. ADDRESS OF OPERATOR: P.O. Box 577                                          | Laurel STATE                                                       | MT <sub>ZIP</sub> 59044                                               | PHONE NUMBER:<br>(406) 628-4164   | 10. FIEL<br>Wild | D AND POOL, OR WILDCAT:<br>Cat     |
| 4. LOCATION OF WELL FOOTAGES AT SURFACE: 1291 F5                              | SL & 2088 FEL                                                      |                                                                       |                                   | COUNTY           | · Uintah                           |
| QTR/QTR, SECTION, TOWNSHIP, RANGE                                             | 3.553                                                              | - Annilliano espandare decimal                                        |                                   | STATE:           | UTAH                               |
| 11. CHECK APPRO                                                               | OPRIATE BOXES TO                                                   | INDICATE NATURE                                                       | OF NOTICE, REP                    | ORT, OF          | OTHER DATA                         |
| TYPE OF SUBMISSION                                                            |                                                                    | T                                                                     | YPE OF ACTION                     |                  |                                    |
| NOTICE OF INTENT                                                              | ACIDIZE                                                            | DEEPEN                                                                |                                   |                  | REPERFORATE CURRENT FORMATION      |
| (Submit in Duplicate)                                                         | ALTER CASING                                                       | FRACTURI                                                              | TREAT                             |                  | SIDETRACK TO REPAIR WELL           |
| Approximate date work will start:                                             | CASING REPAIR                                                      | ☐ NEW CON                                                             | STRUCTION                         |                  | TEMPORARILY ABANDON                |
| [[                                                                            | CHANGE TO PREVIOUS PLA                                             | NS DPERATO                                                            | R CHANGE                          |                  | TUBING REPAIR                      |
|                                                                               | CHANGE TUBING                                                      | PLUG AND                                                              | ABANDON                           |                  | VENT OR FLARE                      |
| SUBSEQUENT REPORT                                                             | CHANGE WELL NAME                                                   | PLUG BAC                                                              | κ                                 | . 🗖              | WATER DISPOSAL                     |
| (Submit Original Form Only)                                                   | CHANGE WELL STATUS                                                 | PRODUCT                                                               | ON (START/RESUME)                 |                  | WATER SHUT-OFF                     |
| Date of work completion:                                                      | COMMINGLE PRODUCING FO                                             | ORMATIONS RECLAMA                                                     | TON OF WELL SITE                  |                  | OTHER: Tight-Hole Request          |
|                                                                               | CONVERT WELL TYPE                                                  | RECOMPL                                                               | ETE - DIFFERENT FORMATIO          |                  |                                    |
| 12. DESCRIBE PROPOSED OR COM<br>Operator requests that all in<br>regulations. |                                                                    |                                                                       |                                   |                  | h Oil, Gas & Mining                |
|                                                                               |                                                                    |                                                                       |                                   | RE               | CEIVED                             |
|                                                                               |                                                                    |                                                                       |                                   | AL               | N 2 1 2003                         |
|                                                                               |                                                                    |                                                                       |                                   | DIV. OF          | OIL, GAS & MINING                  |
|                                                                               |                                                                    |                                                                       |                                   |                  |                                    |
|                                                                               |                                                                    |                                                                       |                                   |                  |                                    |
|                                                                               |                                                                    | ·<br>                                                                 |                                   |                  |                                    |
| NAME (PLEASE PRINT) Molly Conra                                               | d                                                                  | सार                                                                   | Agent for Retar                   | nco Ope          | rating, Inc.                       |
| SIGNATURE MOULY                                                               | Conrad                                                             | DAI                                                                   | 1/1//2003                         |                  |                                    |

(This space for State use only)

| l <sub>n-n</sub>       | ARTMEN                    |          | E OF UT              |             |          | CES       | . 2             |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | ED REPOR<br>ght chan                             | -            | FOR     | M 8                         |                                         |             |
|------------------------|---------------------------|----------|----------------------|-------------|----------|-----------|-----------------|-----------------------------------------------|-----------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|--------------|---------|-----------------------------|-----------------------------------------|-------------|
| ` . r                  | ARIMEN<br>DIVISION        | 0F 0     | IL, GAS              | AND N       | AINÎN    |           | •               |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5 L       | EASE DES                                         | IGNATIO      | N AND S | ERIAL NU                    | MBER                                    |             |
| 0.13                   |                           |          |                      |             |          |           |                 |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | VIL-455                                          |              | R TRUS  | TNAME                       | <u> </u>                                | <del></del> |
| N                      | ELL CO                    | MPLE     | TION O               | R REC       | OMPI     | LETI      | ON RE           | EPOR                                          | T AND                 | LOG              | Newson and the state of the sta |           |                                                  | <u></u>      |         |                             |                                         |             |
| 1a. TYPE OF W          | ELL:                      |          | OIL                  | GA          | -        | 1         | DRY             | □.                                            | OTHE                  | -                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         | INIT OR CA                                       |              |         | AME                         |                                         |             |
| b. TYPE OF W           | ORK:                      |          | WEIL                 | WE          | LL       |           | ,               |                                               |                       | DENTA            | T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8 V       | VELL NAMI                                        | AND N        |         |                             |                                         |             |
| NEW<br>WELL X          | HORIZ.                    | П        | DEEP-                | RE-         | TRY      |           | DIFF.<br>RESVR. | П                                             |                       | RIOD<br>NRED     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | ioss #                                           | 10           |         |                             | -                                       |             |
| 2 NAME OF C            | <u> </u>                  | 1_1_     |                      |             | <u> </u> | <u></u>   |                 |                                               |                       | 200              | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | PI NUMBE                                         |              |         |                             |                                         |             |
| Retam                  | co Opera                  | ting l   | nc.                  | · .         |          | · · ·     |                 |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 50        | 13-047                                           |              |         |                             |                                         |             |
| 3 ADDRESS              | OF OPERATOR               | :        | ٠                    |             |          |           | 3               | `  F                                          |                       | VBER<br>3) 445-2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Vildca                                           |              | K WILLX |                             | · · ·                                   |             |
|                        | OF WELL (FOO              | TAGES)   | <u></u>              |             |          |           |                 |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         | TR/QTR, S                                        | ECTION       | , TOWNS | SHIP, RAN                   | GE                                      | <del></del> |
| AT SURFAC              | 1,291                     |          | & 2,088              |             |          |           |                 | $c_0$                                         | IEIN                  | ENTI             | ۸۱                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | SW/SE                                            | SEC.         | . 20, 7 | Г9S, R                      | 25E                                     |             |
| AT TOP PR              | ODUÇING INTE              | RVAL RE  | PORTED BE            | LOW:        |          |           | ļ               | UUI                                           | טווא                  | FIA11            | 'nL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                  |              |         | 40:-                        |                                         | `           |
| AT TOTAL E             | DEPTH:                    |          |                      |             |          |           | 13.11           |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         | ю́имтү<br>Jintah                                 | •            |         | 13 STATI<br>Uta             |                                         |             |
| 14 DATE SPUI           |                           | •        | E T.D. REAC          |             |          |           | MPLETED         |                                               | . :                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 7 ELEVAT                                         | ION (DF.     |         |                             |                                         | <del></del> |
| 11/20/2                |                           | 1        | /30/2002             |             | <u> </u> | 1/200     |                 | · <u>· · · · · · · · · · · · · · · · · · </u> | NDONED                |                  | TO PROD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X.        |                                                  |              |         | 5,875                       |                                         | <del></del> |
| 18 TOTAL DEF           | TVD                       | 6,30     | U  19.               | PLUG BAC    | K T.D.   | MD<br>TVD | 5,875           | 20,                                           | IF MULTIPI            | .E COMPLET       | ION, HOV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Y MANY?   | 1. DEPTH<br>PLUG SI                              |              | TVD     | J,010                       |                                         |             |
| 22 TYPE ELEC           | TRIC AND OTH              | ER MEC   | HANICAL LO           | GS RUN(S    | ubmit co | py of eac | sh) Rec         | ,   <sup>2</sup>                              | 3                     | ·                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              |         |                             |                                         |             |
| Spectral               | Density Du<br>olution ind | al Spac  | Ced Neutr            | on Cem      | ent Bo   | nd log    | \$10-3          | 03 V                                          | VAS WELL<br>VAS DST R |                  | NC<br>NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | YES<br>YES                                       | H            | -       | iit analysis<br>iit report) | )                                       |             |
| 1a-11                  | -071                      | ٠, ١     | LOG-                 |             |          |           |                 | 1                                             |                       | ON<br>AL SURVEY? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>   | YES                                              | H            |         | it copy)                    |                                         |             |
| 24 CASING AN           | D LINER RECO              |          |                      |             |          |           |                 |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              |         |                             |                                         | <del></del> |
| HOLE SIZE              | SIZE/GRADE                | WEK      | GHT (MR)             | TOP(ME      | D) E     | NOTTOE    | A (MD)          | STAGE                                         | CEMENT                | CEMENT T         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SLURRY    | CEMEN                                            | T TOP **     | -  ^    | MOUNT F                     | ULLED                                   |             |
| 12 1/4                 | 9 5/8 J-                  | 55       | 36                   | 560         | 0        |           |                 |                                               |                       | Type \           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 48        |                                                  | Surf         |         | 0                           |                                         |             |
| '7 7/8                 | 5 1/2 K-5                 | 5        | 15.5                 | 6,25        | 30       |           |                 |                                               |                       | poz              | 806<br>272                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 178       | <del> </del>                                     | 2,828<br>328 |         | 0                           |                                         |             |
|                        |                           | +        |                      |             |          |           |                 |                                               |                       | PLII             | 212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 100       | <del>                                     </del> | 320          | _       |                             |                                         |             |
|                        |                           |          |                      |             |          |           |                 |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              |         |                             |                                         |             |
| 25 TUBING RE           | CORD                      |          |                      | <del></del> |          |           |                 | <u> </u>                                      |                       | <u></u>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>   |                                                  |              |         | <del></del>                 | , ·· <del>··</del>                      |             |
| SIZE                   | DEPTH SET (N              |          | PACKER SE            | T (MD)      | SIZ      | ZE.       | DEPTH SI        | ET (MD)                                       | PACKE                 | R SET (MD)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIZE D    | EPTH SET                                         | (MD)         | PACKE   | R SET (N                    | ID)                                     | <b>_</b>    |
| 2 3/8<br>28 PRODUCTION |                           |          |                      |             |          | 1         |                 |                                               | l                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              | 1       |                             |                                         |             |
| FORMATION N            | IAME TOP (                | AD)      | воттом (м            | D) TOP      | (TVD)    | вотто     | (TVD)           |                                               | .916-5                |                  | SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO HOLES  |                                                  |              | TATUS   | Г                           |                                         | <del></del> |
| (A)                    |                           |          |                      |             |          |           |                 |                                               |                       |                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -         | Ореп                                             | =            | ·       | 井                           |                                         |             |
| (B)                    |                           |          |                      |             |          |           |                 |                                               | ,230-5                |                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 24        | Open                                             | <del></del>  | queezed | 井                           |                                         |             |
|                        |                           |          |                      |             |          |           | <u> </u>        | - -                                           | ,086-5                | ,094             | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24        | Open                                             | 一            | bezeeup | 片                           |                                         |             |
| (D)<br>28 ACID,FRAC    | THE TOP ATT               | ENT CE   | ENT POUR             | 75 574      |          |           |                 |                                               |                       | <u> </u>         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>  | Open                                             | <u></u> \$   | queezed | DE/                         | EIV                                     | ΞD          |
| DEPTH INTE             |                           |          |                      |             |          | <u> </u>  |                 |                                               |                       | E OF MATER       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              |         | HE                          | L V I                                   |             |
| 5,230-3<br>5,086-9     |                           |          | 00 gal 1<br>0,000# 2 |             |          |           |                 |                                               | ctant,                | Clay sta         | У                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·         |                                                  | <u> </u>     |         | <del>- JUN</del>            | <del>2 6 2</del> 0                      | 03          |
| J,000-3                |                           | 300      | .,ooon 2             | VI-7V 30    | und o    | ~ 700     | - NN19          | .iuiu                                         |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              | וום     | LOED                        | II GAS 8                                | MINING      |
| 29 ENCLOSED            | ATTACHMENT                | \$:<br>- |                      |             |          |           |                 |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | -                                                | 1            |         |                             |                                         |             |
| ELECTRICA              | LAMECHANICAL              | LOGS     |                      | 一           | GEOLOG   |           |                 | 一                                             | CTIONAL               | SURVEY           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIRC. SUR | VEY                                              |              |         | g on I                      | pipe                                    |             |
| SUNDRY NOT             | CE PLUGGUNG A             | ND CEMEN | T VERIFICATIO        | N _         | CORE A   |           |                 | отн                                           |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <del>-</del>                                     | li           | ne      | ·                           | # · · · · · · · · · · · · · · · · · · · |             |
| (5/2000)               |                           |          |                      |             |          | (con      | tinue           | d on I                                        | oack)                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              |         |                             |                                         |             |
|                        |                           |          | •                    |             |          |           |                 |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              |         |                             | •                                       |             |
|                        |                           |          |                      |             |          |           |                 |                                               |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              |         |                             |                                         |             |
|                        |                           |          |                      |             |          |           |                 |                                               | -                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                  |              |         |                             |                                         |             |

|                                |                |               |                                |         |                                        |                                        | INTEDVAL A IAC           | SHOWN IN ITEM #26)                                  |                |                    |                                       |                  |
|--------------------------------|----------------|---------------|--------------------------------|---------|----------------------------------------|----------------------------------------|--------------------------|-----------------------------------------------------|----------------|--------------------|---------------------------------------|------------------|
| 1. Initial Pro<br>ATE FORST PE |                |               | TEST DAT                       | F       |                                        | RS TES                                 | STED                     | TEST PRODUCTION                                     | OIL-BBL        | =MCF               | WATER-BBL                             | PROD. METHOD     |
| HETWOIPT                       | NO CEL         | •             | 1.20, 54,                      | -       |                                        |                                        |                          | RATE                                                | <u> </u>       | 7.                 |                                       | S                |
| 1/15/03                        | 3              |               | 6/1:                           | 2/0     | 3_                                     |                                        | 12                       | <u>1</u>                                            | Trace          | 49 mcf             | 57 bbls                               | Swab test        |
| ESKE                           | TBG, PR        | ESS           | CSG. PRE                       | SŞ.     | API GRAVITY                            | BTU-GAS                                | GAS/OIL RATIO            | 24 HR PRODUCTION                                    | OILBBL         | GAS=MCF            | WATER-BBL                             | INTERVAL STATUS  |
| 40104                          |                |               | 000                            |         |                                        |                                        |                          | RATE                                                | Trace          | 98 mcf             | 114 bbis                              | WO pipeline      |
| 12/64                          | 65             |               | 900                            |         |                                        |                                        | INTERVAL BYAS            | SHOWN IN ITEM #26)                                  | IIIaco         | 100 11101          | 1 . 1 4 0010                          | Tra hibania      |
| E FIRST PI                     |                | <del></del>   | TEST DAT                       | F       |                                        | HOURS TE                               |                          | TEST PRODUCTION                                     | OIL-BBL        | GAS=MCF            | WATER-BBL                             | PROD. METHOD     |
| E FIRES FI                     | RODOCEL        | ,             | 11201 251                      | _       |                                        | 1.100.10                               |                          | RATE                                                | 1              |                    | 1                                     | 1                |
|                                |                |               |                                |         | •                                      | 1                                      |                          |                                                     |                |                    |                                       |                  |
| OE SIZE                        | TBG, PR        | ESS           | CSG. PRE                       | SS.     | API GRAVITY                            | BTU-GAS                                | GAS/OIL RATIO            | 24 HR PRODUCTION                                    | OIL-BBL        | GAS=MCF            | WATER-BBL                             | INTERVAL STATUS  |
|                                |                |               |                                |         |                                        |                                        |                          | RATE                                                |                |                    | 1                                     |                  |
|                                | <u> </u>       |               | <u> </u>                       |         |                                        | <u> </u>                               | 1                        | ALLONG DELIZED 400                                  | <u> </u>       |                    |                                       | <u> </u>         |
|                                |                |               | TEST DAT                       |         |                                        | HOURS TES                              |                          | SHOWN IN ITEM #26)<br>TEST PRODUCTION               | OIL-BBL        | GAS=MCF            | WATER-BBL                             | IPROD, METHOD    |
| E FIRST PI                     | KODUCEL        | ,             | I EST DAT                      | _       |                                        | וויייייייייייייייייייייייייייייייייייי | 3150                     | RATE                                                |                |                    |                                       | 1                |
|                                |                |               |                                |         |                                        |                                        |                          |                                                     |                | - I                | . i                                   |                  |
| OE SIZE                        | TBG. PR        | ESS           | CSG. PRE                       | SS.     | API GRAVITY                            | BTU-GAS                                | GAS/OIL RATIO            | 24 HR PRODUCTION                                    | OIL-BBL        | GAS=MCF            | WATER-BBL                             | INTERVAL STATUS  |
|                                | 1              |               |                                |         |                                        |                                        |                          | RATE                                                | 1              |                    |                                       |                  |
|                                | <u> </u>       |               |                                |         |                                        |                                        |                          |                                                     |                |                    |                                       | 1                |
|                                |                |               | T#### 5/                       |         |                                        | Tue les Tre                            |                          | SHOWN IN ITEM #26) TEST PRODUCTION                  | IOIL-BBL       | GAS=MCF            | WATER-BBL                             | PROD. METHOD     |
| E FIRST P                      | KUUUÇE         | ,             | TEST DAT                       | =       |                                        | HOURS TE                               | لك اد                    | RATE                                                | 012-000        |                    |                                       |                  |
|                                |                |               |                                |         |                                        |                                        |                          |                                                     | 1              | 1                  | 1                                     | Í                |
| OE SIZE                        | TBG, PR        | ESS           | CSG. PRE                       | SS.     | API GRAVITY                            | BTU-GAS                                | GAS/OIL RATIO            | 24 HR PRODUCTION                                    | OIL-BBL        | GAS=MCF            | WATER-BBL                             | INTERVAL STATUS  |
| <del> </del>                   | 1              |               | ·                              |         |                                        | 1                                      |                          | RATE                                                |                |                    | 1                                     |                  |
|                                | <u></u>        |               |                                |         |                                        |                                        | <u> </u>                 | <u> </u>                                            |                | <u></u>            |                                       | <u></u>          |
| NSPOSITIO                      | ON OF GA       | S (sold, u    | sed for fuel,                  | Vent    | ted, etc.)                             |                                        |                          |                                                     |                |                    |                                       | •                |
| HUUEDV                         | OF POPO        | HIS TONE      | linclude Ac                    | u)lf=-  | s):                                    | ···                                    | <del> </del>             |                                                     |                | 34, FORMATIC       | N (log) MARKERS                       | <u>;</u>         |
| 30 HUMER I                     | OF FORG        | V6 2011       | MICINA WE                      | lates   | op.                                    |                                        |                          |                                                     |                |                    |                                       |                  |
|                                |                |               |                                |         |                                        |                                        | stem tests, including    | depth interval                                      |                | 1                  |                                       |                  |
| d, cushion                     | used, time     | tool open,    | flow and shi                   | ut-in p | ressures and                           | recoveries.                            |                          |                                                     |                |                    |                                       |                  |
|                                |                | т             | top                            | Botto   | m                                      |                                        |                          |                                                     | <u>-</u>       | <del></del>        |                                       | Тор              |
| Formation                      |                | 1             |                                | (MD)    |                                        |                                        | Descriptions, Con        | tents, etc.                                         |                | 1                  |                                       | (Measured Depth) |
|                                |                | <u> </u>      | لبني                           |         |                                        | <del> </del>                           |                          | <del></del>                                         |                |                    |                                       |                  |
|                                |                |               |                                |         |                                        |                                        |                          |                                                     |                | 1                  |                                       | }                |
| Uintah                         | l              | Surfa         | ce                             | 160     | )                                      |                                        | <b></b>                  |                                                     |                | 1                  |                                       | 1                |
| een Ri                         | ver            | 160           | . ]                            | 213     | 35                                     |                                        | - CUME                   | FIDENTIAL                                           |                | 1                  |                                       | 1                |
| Vasatc                         |                | 2135          | 1                              | 367     |                                        |                                        | UUIVI                    | TUENTIA                                             | _              | 1                  |                                       | 1                |
| esa Ver                        |                | 3670          | L                              | 653     |                                        |                                        |                          |                                                     |                | }                  |                                       | ĺ                |
|                                |                | 6530          |                                | T.E     |                                        |                                        |                          |                                                     |                |                    |                                       | 1                |
| Manco                          | <b>.</b>       | 0000          |                                | 1.6     | "                                      |                                        |                          |                                                     |                | }                  |                                       | 1                |
|                                |                | 1             | Ī                              |         | ĺ                                      |                                        |                          |                                                     |                | 4                  |                                       | 1                |
|                                |                | 1             |                                |         |                                        |                                        |                          |                                                     |                | .i                 |                                       | ]                |
|                                |                | 1             | į                              |         |                                        |                                        |                          |                                                     |                | 1                  |                                       | I                |
|                                |                | 1             |                                |         |                                        |                                        |                          | •                                                   |                | 1                  |                                       |                  |
|                                |                | l             |                                |         |                                        |                                        | V                        | •                                                   |                |                    |                                       | 1                |
| ADDITION                       | AL DOVIE       | )<br>Ve 4     | ling plugging                  |         | and see                                |                                        |                          |                                                     |                | _1                 | <del></del> -                         |                  |
| ALCHIONA                       | - REMAR        | uvo (Elicino  | wif birđđiji                   | h buor  | -enrig)                                |                                        |                          |                                                     |                |                    |                                       |                  |
|                                |                |               |                                |         | 4                                      | •                                      |                          |                                                     |                |                    |                                       |                  |
|                                |                |               |                                |         |                                        | . •                                    |                          |                                                     |                |                    |                                       |                  |
|                                |                |               |                                |         |                                        |                                        |                          |                                                     |                |                    |                                       |                  |
| harabu eco                     | tife their at- | o foressis    | and attack                     | عط اب   | rmation is com                         | male and corre                         | ct as determined to      | m all available records.                            |                |                    |                                       |                  |
| ron oty voi                    | - Jule 118     | - iotaBoniA   | , <del></del>                  | -u #HL  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -p-vvo u:ru vvi(9                      | or the second tention in | =                                                   |                |                    |                                       |                  |
|                                |                |               |                                |         |                                        |                                        |                          |                                                     |                |                    |                                       |                  |
| NAME (PLE                      |                |               |                                |         |                                        |                                        |                          | TITLE                                               |                |                    |                                       |                  |
|                                | Willia         | <u>m Д. I</u> | Ryan                           |         |                                        |                                        |                          | <u>Ας</u>                                           | jent           |                    |                                       |                  |
| ,                              | 7              | 15            | 11.                            |         |                                        | _                                      |                          |                                                     |                |                    |                                       |                  |
| SIGNSTUR                       | E /            | NU            | Mar                            | W       | / /74                                  | D                                      |                          | DATE 6/                                             | 19/03          |                    |                                       |                  |
|                                |                |               |                                |         | 7                                      |                                        |                          |                                                     |                |                    |                                       |                  |
| report must                    |                |               | •                              |         |                                        |                                        |                          | and the second                                      | -h             | amalama - 3 44     |                                       |                  |
| completion (                   |                |               |                                | JI ba-  | $\mathcal{M}$                          |                                        |                          | reentering a previously is significantly deepening: |                |                    | vious bottom-hole :                   | ienth            |
| _                              |                |               | t existing we<br>cing formatic |         | •                                      |                                        |                          | drilling hydrocarbon exp                            |                |                    |                                       |                  |
|                                |                | p             |                                |         |                                        |                                        |                          |                                                     |                |                    |                                       | •                |
| M 20: Show                     | v the numb     | er of comp    | nq 🖥 anothek                   | ducti   | on is measured                         | i separately from                      | n two or more forms      | tions.                                              |                |                    |                                       |                  |
| 164 O                          | and Tan Ch     | an barre      | markad kan (-)                 |         | لدفر عسمير فيرميس                      | mentioned father de                    | stad (CID) salastida     | d (CAI) eamant handle                               | n (CBI ) Tames | ratura euroni /Te\ | 1                                     |                  |
| .mz4: Ceme                     | ∞и ≀ор-≲л      | OW NOW FE     | house rob(s)                   | OF CE   | ин <b>и</b> т <b>Wala</b> (161         | erinineo (circula                      | nen (OIL), calcingte     | d (CAL), cement bond to                             | y (COL), Tempe | nerote amadă (19)  | ,.                                    |                  |
| i to:                          | Utah Divis     | sion of Oil.  | Gas and Mi                     | ning    |                                        |                                        | Phone:                   | 801-538-5340                                        |                |                    |                                       | F                |
|                                |                |               | mple, Suite                    |         |                                        |                                        |                          |                                                     |                |                    | · · · · · · · · · · · · · · · · · · · | DECEIVE          |

801-359-3940

(5/2000)

Box 145801

Salt Lake City, Utah 84114-5801

JUN 2 6 2003

016

### STATE OF UTAH DIVISION OF OIL, GAS AND MINING OIL AND GAS PROGRAM



| PHONE CONVERSATION                                                                 | DOCUMENTATION FORM                        |
|------------------------------------------------------------------------------------|-------------------------------------------|
| Conversation Pertains to:                                                          | □ Сору? 🗖                                 |
| WELL HOSS #15                                                                      | OTHER                                     |
| Section 20 Township 09S Range 25E  API Number 43-047-34756                         |                                           |
| Topic of Conversation: NEED CEMENT BOND LOG AND Date of Phone Call: 7/2/2003 Time: |                                           |
| DOGM Employee (name): CAROL DANIELS  Spoke with:                                   | ☐ Initiated Call? 🗵                       |
| Name: WIFE OF JOE GLENNON  Of (company/organization): RETAMCO OPERATING INC        | ☐ Initiated Call? ☐ Phone: (406) 248-5594 |

### Highlights of Conversation:

I DID NOT RECEIVE THE CEMENT BOND LOG OR THE BOREHOLE VOLUME PLOT FOR THIS WELL. I DID RECEIVE THE SPECTRAL DENSITY DUAL SPACED NEUTRON AND THE HIGH RESOLUTION LOGS ON 12/11/2002. MRS GLENNON SAID SHE WOULD CALL THEIR AGENT, WILLIAM RYAN AND HAVE HIM SEND THE LOGS.

### 017

### STATE OF UTAH DIVISION OF OIL, GAS AND MINING OIL AND GAS PROGRAM



| PHONE CONVERSATION                                                                                 | DOCUMENTATION FORM  |
|----------------------------------------------------------------------------------------------------|---------------------|
| Conversation Pertains to:                                                                          | □ Copy? 🗖           |
| <b>WELL</b> HOSS #15                                                                               | □ OTHER             |
| Section 20 Township 098 Range 25E                                                                  |                     |
| <b>API Number</b> 43-047-34756                                                                     |                     |
| Topic of Conversation: NEED CEMENT BOND LOG AT Date of Phone Call: 9/10/2003 Time:                 |                     |
| DOGM Employee (name): CAROL DANIELS  Spoke with:                                                   | ☐ Initiated Call? ☑ |
| Name: MOLLY CONRAD (APD CONTACT FOR RETAMCO OP Of (company/organization): CRAZY MOUNTAIN OIL & GAS |                     |

### Highlights of Conversation:

I DID NOT RECEIVE THE CEMENT BOND LOG OR THE BOREHOLE VOLUME PLOT FOR THIS WELL. I DID RECEIVE THE SPECTRAL DENSITY DUAL SPACED NEUTRON AND THE HIGH RESOLUTION LOGS ON 12/11/2002. ON A PHONE CALL WITH MRS GLENNON ON 7/2/2003 SHE SAID SHE WOULD CALL THEIR AGENT, WILLIAM RYAN AND HAVE HIM SEND THE LOGS. I STILL HAVE NOT RECEIVED THEM.

MOLLY WILL CALL BILL RYAN AND FIND OUT WHO RAN THESE LOGS AND SHE WILL CALL THEM DIRECTLY AND SEE IF SHE CAN GET THE LOGS SENT TO US. IF THEIR IS ANY PROBLEM, SHE WILL GET BACK TO ME.

Received CBL-10-3-03

# STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL GAS AND MINING

|                                                                                | DIVISION OF OIL, GAS AND MII                                                                                                                                                     | NING                          |                                            | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>See Exhibit "A"       |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|------------------------------------------------------------------|
| SUNDRY                                                                         | NOTICES AND REPORTS                                                                                                                                                              | ON WEL                        | LS                                         | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                            |
| Do not use this form for proposats to drill n                                  | new wells, significantly deepen existing wells below curt<br>eterals. Use APPLICATION FOR PERMIT TO DRILL fo                                                                     | rent bottom-hole dept         | h, reenter plugged wells, or to<br>ls.     | 7. UNIT or CA AGREEMENT NAME:                                    |
| TYPE OF WELL OIL WELL                                                          | <del></del>                                                                                                                                                                      |                               |                                            | 8. WELL NAME and NUMBER:<br>See Exhibit "A"                      |
| 2. NAME OF OPERATOR:                                                           |                                                                                                                                                                                  |                               |                                            | 9. API NUMBER:                                                   |
| Retamco Operating Inc.                                                         | N 6020                                                                                                                                                                           |                               |                                            |                                                                  |
| 3 ADDRESS OF OPERATOR: 3301 Stonewall Lane                                     | y Billings STATE MT ZIP                                                                                                                                                          | 59102                         | PHONE NUMBER:<br>(406) 248-5594            | 10. FIELD AND POOL, OR WILDCAT:                                  |
| 4. LOCATION OF WELL  FOOTAGES AT SURFACE: See: E                               |                                                                                                                                                                                  |                               | er vita                                    | COUNTY: Uintah                                                   |
|                                                                                |                                                                                                                                                                                  |                               | . · ·                                      |                                                                  |
| QTR/QTR, SECTION, TOWNSHIP, RAN                                                | IGE, MERIDIAN:                                                                                                                                                                   |                               |                                            | STATE: UTAH                                                      |
| 11. CHECK APP                                                                  | ROPRIATE BOXES TO INDICAT                                                                                                                                                        | E NATURE                      | OF NOTICE, REPO                            | RT, OR OTHER DATA                                                |
| TYPE OF SUBMISSION                                                             |                                                                                                                                                                                  | 7                             | YPE OF ACTION                              |                                                                  |
| NOTICE OF INTENT                                                               | ACIDIZE                                                                                                                                                                          | DEEPEN                        |                                            | REPERFORATE CURRENT FORMATION                                    |
| (Submit in Duplicate)                                                          | ALTER CASING                                                                                                                                                                     | FRACTURE                      | TREAT                                      | SIDETRACK TO REPAIR WELL                                         |
| Approximate date work will start:                                              | CASING REPAIR                                                                                                                                                                    | ☐ NEW CONS                    | TRUCTION                                   | TEMPORARILY ABANDON                                              |
|                                                                                | CHANGE TO PREVIOUS PLANS                                                                                                                                                         | OPERATOR                      | CHANGE                                     | TUBING REPAIR                                                    |
|                                                                                | CHANGE TUBING                                                                                                                                                                    | PLUG AND                      | ABANDON                                    | VENT OR FLARE                                                    |
| SUBSEQUENT REPORT                                                              | CHANGE WELL NAME                                                                                                                                                                 | PLUG BACK                     |                                            | WATER DISPOSAL                                                   |
| (Submit Original Form Only)                                                    | CHANGE WELL STATUS                                                                                                                                                               | PRODUCTIO                     | ON (START/RESUME)                          | WATER SHUT-OFF                                                   |
| Date of work completion:                                                       | COMMINGLE PRODUCING FORMATIONS                                                                                                                                                   | RECLAMAT                      | ION OF WELL SITE                           | OTHER: Change of Operator                                        |
|                                                                                | CONVERT WELL TYPE                                                                                                                                                                | RECOMPLE                      | TE - DIFFERENT FORMATION                   |                                                                  |
| 12. DESCRIBE PROPOSED OR C                                                     | OMPLETED OPERATIONS. Clearly show all p                                                                                                                                          | pertinent details inc         | duding dates, depths, volume               | es, etc.                                                         |
|                                                                                | See exhibit "A'                                                                                                                                                                  | ı                             |                                            |                                                                  |
|                                                                                |                                                                                                                                                                                  |                               |                                            |                                                                  |
|                                                                                | •                                                                                                                                                                                |                               |                                            |                                                                  |
| Company (THEC) whose Retamco Operating Inc. v to THEC attention Pat We Theresa | s selling its interest in the wells de address is 1100 Louisiana, Suite vill turn over operations to THEC.   bb at the above address.   contact  regarding this conveyance conta | 2000 Housto<br>All future con | on, Texas 77002-521<br>respondents pertain | 5. Effective September 1, 2003 ing to these wells should be sent |
| The Houston Exploration                                                        | Company State of Utah Bond Nu                                                                                                                                                    | mber is                       | 104155043                                  |                                                                  |
|                                                                                |                                                                                                                                                                                  |                               |                                            |                                                                  |
|                                                                                |                                                                                                                                                                                  |                               |                                            |                                                                  |
| NAME (PLEASE PRINT) JØB GLENT                                                  | non                                                                                                                                                                              | TijL                          | Attorney-in-Fact                           |                                                                  |
| SIGNATURE LETE VILLON                                                          | mo-                                                                                                                                                                              | DAT                           | 9/24/2003                                  |                                                                  |
| (This space for State use only)                                                |                                                                                                                                                                                  |                               |                                            | RECEIVED                                                         |

OCT 0 8 2003

DIV. OF OIL, GAS & MINING

| ·                                                                         | STATE OF UTAH                                                                                             | 050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FORM 9                                                                |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
|                                                                           | DEPARTMENT OF NATURAL RESOUR<br>IVISION OF OIL, GAS AND MIN                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>See Exhibit "A"            |
| SUNDRY                                                                    | NOTICES AND REPORTS                                                                                       | ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                 |
| Do not use this form for proposals to drill new<br>drill horizontal late  | y wells, significantly deepen existing wells below curre<br>rats. Use APPLICATION FOR PERMIT TO DRILL for | ent bottom-hole depth, reenter plugged wells, or to<br>rm for such proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. UNIT or CA AGREEMENT NAME:                                         |
| 1, TYPE OF WELL OIL WELL                                                  | GAS WELL 🗹 OTHER_                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. WELL NAME and NUMBER:<br>See Exhibit "A"                           |
| 2. NAME OF OPERATOR: The Houston Exploration C                            | ompany N2525                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. API NUMBER:                                                        |
| 3. ADDRESS OF OPERATOR:<br>1100 Louisiana, S2000 CITY                     |                                                                                                           | 77002-5215 (713) 830-6800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10. FIELD AND POOL, OR WILDCAT:                                       |
| 4. LOCATION OF WELL FOOTAGES AT SURFACE: See EX                           | nibit "A"                                                                                                 | e de la companya de l | соинту: Uintah                                                        |
| QTR/QTR, SECTION, TOWNSHIP, RANGI                                         | E, MERIDIAN:                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE: UTAH                                                           |
| 11. CHECK APPR                                                            | OPRIATE BOXES TO INDICATE                                                                                 | E NATURE OF NOTICE, REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RT, OR OTHER DATA                                                     |
| TYPE OF SUBMISSION                                                        |                                                                                                           | TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |
| NOTICE OF INTENT                                                          | ACIDIZE                                                                                                   | DEEPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REPERFORATE CURRENT FORMATION                                         |
| (Submit in Duplicate)                                                     | ALTER CASING                                                                                              | FRACTURE TREAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SIDETRACK TO REPAIR WELL                                              |
| Approximate date work will start:                                         | CASING REPAIR                                                                                             | NEW CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TEMPORARILY ABANDON                                                   |
|                                                                           | CHANGE TO PREVIOUS PLANS                                                                                  | OPERATOR CHANGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TUBING REPAIR                                                         |
|                                                                           | CHANGE TUBING                                                                                             | PLUG AND ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VENT OR FLARE                                                         |
| SUBSEQUENT REPORT                                                         | CHANGE WELL NAME                                                                                          | PLUG BACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WATER DISPOSAL                                                        |
| (Submit Original Form Only)                                               | CHANGE WELL STATUS                                                                                        | PRODUCTION (START/RESUME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WATER SHUT-OFF                                                        |
| Date of work completion:                                                  | COMMINGLE PRODUCING FORMATIONS                                                                            | RECLAMATION OF WELL SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | other: Change of Operator                                             |
|                                                                           | CONVERT WELL TYPE                                                                                         | RECOMPLETE - DIFFERENT FORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |
| 12. DESCRIBE PROPOSED OR COM                                              | MPLETED OPERATIONS. Clearly show all pe                                                                   | ertinent details including dates, depths, volum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nes, etc.                                                             |
|                                                                           | See Exhibit "A"                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
|                                                                           |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
|                                                                           |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| Please be advised that effe wells described in the attac                  |                                                                                                           | ouston Exploration Company will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | take over operations of the subject                                   |
| The Houston Exploration C<br>the operations conducted o<br>by Bond Number | n the leased lands. State of Utah                                                                         | onsible undert the terms and co<br>n Bond coverage is provided by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nditions of the subject leases for<br>The Houston Exploration Company |

(This space for State use only)

RECEIVED

DATE 10/03/03

OCT 0 8 2003

\* Form 3160≠5 (November 1994)

### UNITÉD STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCT 0 8 2003

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

# SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No. See Exhibit "A" If Indian Allottee or Tribe Name

|                  | abandoned we                                                                                           | oll. Use Form 3160-3 (Af                                                                                                   | PD) fo               | er such proposals                                       |             |                 | o. II moiar          | 1, AIIC    | oute or a not Name                              |
|------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------|-------------|-----------------|----------------------|------------|-------------------------------------------------|
| ianji<br>NGS     | SUBMIT IN TR                                                                                           | IPLICATE - Other Inst                                                                                                      | ructi                | ons on reverse                                          | side        |                 | 7. If Unit o         | or CA      | Agreement, Name and/or No.                      |
|                  | ype of Well Oil Well XXGas Well C                                                                      | ) ou                                                                                                                       |                      |                                                         |             |                 | 8. Well Na           | me a       | nd No.                                          |
|                  |                                                                                                        | Other                                                                                                                      |                      |                                                         |             |                 | 1 /                  |            | ibit "A"                                        |
|                  | Name of Operator<br>Retamco Operating                                                                  | Inc.                                                                                                                       |                      |                                                         |             |                 | 9. API We            |            |                                                 |
|                  | Address 3301 Stonew                                                                                    |                                                                                                                            | 31                   | . Phone No. (include                                    | area        | code)           | See                  | Exh        | ibit "A"                                        |
|                  | Billings, M                                                                                            |                                                                                                                            |                      | (406) 248-5                                             | <u> 594</u> | ·               | 10. Field an         | d Poc      | ol, or Exploratory Area                         |
| 4. L             | ocation of Well (Footage, Sec.                                                                         | , T., R., M., or Survey Descripti                                                                                          | on)                  | Joe Glennon                                             |             |                 |                      |            |                                                 |
| 5                | See Exhibit "A"                                                                                        |                                                                                                                            |                      |                                                         |             |                 | 11. County Uint      |            | rish, State  County, UT                         |
|                  | 12. CHECK AP                                                                                           | PROPRIATE BOX(ES)                                                                                                          | 11 OT                | IDICATE NATUR                                           | EO          | F NOTICE, F     | EPORT, O             | R O        | THER DATA                                       |
| T                | YPE OF SUBMISSION                                                                                      |                                                                                                                            |                      | TY                                                      | PE O        | F ACTION        |                      |            |                                                 |
| *                |                                                                                                        | Acidize                                                                                                                    |                      | Deepen                                                  |             | Production (Sta | rt/Resume)           |            | Water Shut-Off                                  |
| 4.               | Notice of Intent                                                                                       | Actionze  Actionze  Alter Casing                                                                                           | _                    | Fracture Treat                                          | ä           | •               | rarconine)           | ā          | Well Integrity                                  |
| Q                | Subsequent Report                                                                                      | Casing Repair                                                                                                              | ō                    |                                                         | ō           |                 |                      | <u>v</u>   | • •                                             |
| _                | -                                                                                                      | Change Plans                                                                                                               | ō                    | Plug and Abandon                                        | ō           | Temporarily A   | handan               | X          | Change of Operator                              |
| u                | Final Abandonment Notice                                                                               | Convert to Injection                                                                                                       | ō                    | _                                                       | ă           |                 |                      |            | Ondinge of operator                             |
| 3<br>3<br>6<br>1 | 1100 Louisiana, S<br>Effective Septemb<br>subject wells to<br>these wells and 1<br>Attention: Pat We   | bit "A" to The Ho<br>uite 2000 Houston<br>er 1, 2003 Retamo<br>The Houston Explo<br>ocations should b<br>bb at the above a | o Or<br>rat:<br>e se | 77002-5215.  Derating Inc.  Lon Company.  Lon to The Ho | wi<br>All   | ill turn o      | ver oper<br>orrespon | ati<br>den | ons of the                                      |
| K<br>I           | Theresa Ose<br>If you have any q                                                                       | ハナルイナ<br>uestions regardin                                                                                                 | ıg tl                | nis conveyand                                           | e c         | contact Jo      | e Glenno             | n w        | TERECEIVED                                      |
| ā                | at (406) 248-5594                                                                                      | ration Company BL                                                                                                          |                      |                                                         |             |                 |                      |            | NOV 2 4 2003                                    |
| 14. 1            | hereby certify that the foregoin                                                                       | 1-2-1-2                                                                                                                    |                      | Title                                                   | 1 -         |                 |                      | D)         | IV. OF Oil . GAS & MINING                       |
|                  | Signature                                                                                              |                                                                                                                            |                      | Date C                                                  | †<br>!/-,   | 1/03            | <del></del>          | <u> </u>   |                                                 |
| 9 j. c.          | Cpr sko                                                                                                | THIS SPACE                                                                                                                 | FOF                  | R FEDERAL OR S                                          | , 4<br>[ΔΤ] | E OFFICE US     | <b>E</b>             | - 4        |                                                 |
| Appr             | oved by RETUR                                                                                          | NED TO                                                                                                                     | 71                   |                                                         | tle         |                 | N 100 (8 4 1)        | Date       | <u>edicio de la ciagrada de des</u><br>La prima |
|                  | OPE6                                                                                                   | RATOR                                                                                                                      |                      |                                                         |             |                 |                      |            |                                                 |
| certif           | litions of approval, if any, are<br>y that the applicant holds leg<br>h would entitle the applicant to | attached. Approval of this no<br>al or equitable title to those ri<br>conduct operations thereon.                          | otice de<br>ghts in  |                                                         | ffice       |                 |                      |            |                                                 |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or faudulent statements or representations as to any matter within its jurisdiction.

### Reason for Return

We have reviewed your Sundry Notice and return the request for the following reason.

These wells are in a Federal Unit Agreement (Bonanza Unit) UTU-80155X. Therefore, The Houston Exploration Company will need to submit a change in operator, in triplicate, for the unit to Teresa Thompson, Bureau of Land Management State Office, P O Box 45155, Salt Lake City, Utah 84145-0155, and receive approval to become the new operator.

Please be aware that there are 3 wells in this unit. Should The Houston Exploration Company become the recognized operator of the unit, they will be responsible for all wells in that unit.

If you have any questions concerning this matter, please contact Leslie Walker of this office at (435) 781-4497.

|                                                                                        | Operator | WI % | NRI | Well Name: | Location:               | County: | State: | Lease #  | <b>Net Acres</b> | <b>Lease Date</b> | API Number:  |
|----------------------------------------------------------------------------------------|----------|------|-----|------------|-------------------------|---------|--------|----------|------------------|-------------------|--------------|
|                                                                                        |          |      |     | HATU       |                         |         |        |          |                  |                   |              |
| ROI 100 State 32-2 T8S,R25E Sec 32: SWNENE Uintah Utah ML 11124 600 1/1/1957 43-047-30 | ROI      | 100  | 80  | Hoss #15   | T9S,R25E Sec 20: SWSE   | Uintah  | Utah   | ML 45558 | 1376.66          | 5/1/1994          | 43-047-34756 |
|                                                                                        | ROI      | 100  |     | State 32-2 | T8S,R25E Sec 32: SWNENE | Uintah  | Utah   | ML 11124 | 600              | 1/1/1957          | 43-047-30100 |
|                                                                                        |          |      |     | <u> </u>   |                         |         | 1      |          |                  | in the            |              |

\* Form 3160:5 (November 1994)

# UNITED STATES DEPARTMENT OF THE INTERIOR RUREAU OF LAND MANAGEMENT

BUREAU OF LAND MANAGEMENT OF 1 & 8 2003

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

| 5. | Lease S | erial No. |     |
|----|---------|-----------|-----|
|    | See     | Exhibit   | "A" |
|    |         |           |     |

| SUNDR                                                                                                         | Y NOTICES AND REPO                                                   | RTS ON                                         | WELLS '' '                       | 00             | See                                                 | Exh      | ibit "A"                   |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|----------------------------------|----------------|-----------------------------------------------------|----------|----------------------------|
| Do not use the<br>abandoned wa                                                                                | is form for proposals to<br>il. Use Form 3160-3 (APE                 | drill( <b>o</b> r to<br>) for <del>su</del> ch | re-enter an<br>proposals-        | UTAH           | 6. If India                                         | an, Allo | ttee or Tribe Name         |
| SUBMIT IN TRI                                                                                                 | PLICATE - Other Instru                                               | ctions o                                       | n reverse sid                    | e              | 7. If Unit                                          | or CA/   | Agreement, Name and/or No. |
| I. Type of Well  Oil Well  Gas Well                                                                           | Other                                                                |                                                |                                  |                | 8. Well N                                           | Jame ar  | d No                       |
|                                                                                                               | Unier                                                                |                                                |                                  |                |                                                     |          | bit "A"                    |
| <ol> <li>Name of Operator<br/>The Houston Explor</li> </ol>                                                   | ation Company - 1                                                    | .00 Lou:                                       | isiana, Su                       | ite 2000       | 9. API W                                            |          |                            |
| Ba. Address                                                                                                   | 6900                                                                 |                                                | e No. (include are<br>3) 830–680 |                | _                                                   |          | bit "A"                    |
| Houston, TX 77002-<br>4. Location of Well (Footage, Sec.                                                      | <del></del>                                                          |                                                | 5) 630-060                       | <u> </u>       | 10. Field a                                         | na roo   | l, or Exploratory Area     |
| . Doctor of Work (1 000000)                                                                                   | , 1, 11, 11, 11                                                      | ,                                              |                                  |                | 11. County                                          | y or Par | ish, State                 |
| See Exhibit "A"                                                                                               |                                                                      |                                                |                                  |                | Uint                                                | ah (     | County, UT                 |
| 12. CHECK AP                                                                                                  | PROPRIATE BOX(ES) TO                                                 | INDICA                                         | TE NATURE                        | OF NOTICE,     | REPORT, C                                           | OR OT    | HER DATA                   |
| TYPE OF SUBMISSION                                                                                            |                                                                      |                                                | TYPE                             | OF ACTION      | ·                                                   |          |                            |
| Notice of Intent                                                                                              | Acidize                                                              | Deeper                                         | , C                              | Production (St | art/Resume)                                         |          | Water Shut-Off             |
| Notice of frient                                                                                              | Alter Casing                                                         | ☐ Fractur                                      | _                                | Reclamation    |                                                     |          | Well Integrity             |
| ☐ Subsequent Report                                                                                           | Casing Repair                                                        | New C                                          | onstruction 📮                    | Recomplete     |                                                     | X)       | Other                      |
| Final Abandonment Notice                                                                                      | Change Plans                                                         | Plug at                                        | nd Abandon                       | Temporarily A  | Abandon                                             |          | Change of Operato          |
| Final Abandonment Nouce                                                                                       | Convert to Injection                                                 | Plug B                                         | ack 🖵                            | Water Disposa  | 1 .                                                 |          |                            |
|                                                                                                               |                                                                      | •                                              |                                  |                |                                                     |          | RECEIVED<br>NOV 2 4 2003   |
|                                                                                                               |                                                                      |                                                |                                  |                |                                                     | DIV      | OF OIL, GAS & MINING       |
|                                                                                                               | that effective Seperations of the sub                                |                                                |                                  |                | Explora                                             |          |                            |
| of the subject lea                                                                                            | ration Company agrees for the operatocations is provided. UTB 000062 | ions c                                         | onducted o                       | n the leas     | sed land:                                           | s. B     | ond coverage for           |
|                                                                                                               |                                                                      |                                                |                                  |                |                                                     |          |                            |
| 14. I hereby certify that the foregoin Name (Printed/Typed)                                                   | -                                                                    |                                                | Title San                        | ior Ope        | ratio                                               | 125      | Engineer                   |
| Signature R                                                                                                   |                                                                      |                                                | Date 10/                         | 03/03          |                                                     |          |                            |
|                                                                                                               | THIS SPACE                                                           | OR FEDE                                        |                                  |                | SE PARTIE                                           | 170.91   |                            |
| Approved by RETU                                                                                              | RNED IO                                                              | <u> </u>                                       | Title                            |                | 4 <u>5-0 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 </u> | Date     | <b>MOV</b> 2 n 234:        |
| Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to | al or equitable title to those righ                                  |                                                |                                  |                |                                                     |          | MOV 2 0 2333               |



## United States Department of the Interior

### **BUREAU OF LAND MANAGEMENT**

Utah State Office P.O. Box 45155 Salt Lake City, UT 84145-0155

IN REPLY REFER TO UT-922

November 26, 2003

The Houston Exploration Company Attn: Harry J. Hansen 700 17<sup>th</sup> Street, Suite 650 Denver, Colorado 80202

Re:

Bonanza Unit

Uintah County, Utah

### Gentlemen:

On November 26, 2003, we received an indenture dated September 1, 2003, whereby Retamco Operating Company resigned as Unit Operator and The Houston Exploration Company was designated as Successor Unit Operator for the Bonanza Unit, Uintah County, Utah.

This indenture was executed by all required parties and the signatory parties have complied with Sections 5 and 6 of the unit agreement. The instrument is hereby approved effective November 26, 2003. In approving this designation, the Authorized Officer neither warrants nor certifies that the designated party has obtained all required approval that would entitle it to conduct operations under the Bonanza Unit Agreement.

Your Utah statewide oil and gas bond No. UTB000062 will be used to cover all operations within the Bonanza Unit.

It is requested that you notify all interested parties of the change in unit operator. Copies of the approved instruments are being distributed to the appropriate federal offices, with one copy returned herewith.

Sincerely,

/s/ Robert A. Henricks

Robert A. Henricks Chief, Branch of Fluid Minerals

Enclosure

bcc:

Field Manager - Vernal(w/enclosure)

SITLA

Division of Oil, Gas & Mining Minerals Adjudication Group File - Bonanza Unit (w/enclosure)

Agr. Sec. Chron Fluid Chron

UT922:TAThompson:tt:11/26/03

**RECEIVED** 

NUV 2 8 2003

DIV. OF OIL, GAS & MINING

# Bivision of Oil, Gas and Mining

### **OPERATOR CHANGE WORKSHEET**

ROUTING 1. GLH 2. CDW 3. FILE

018

## X Change of Operator (Well Sold)

Designation of Agent/Operator

Operator Name Change

Merger

| The operator of the well(s) listed below has cha                                                                                                                               | anged,       | effecti                                          | ve:          |                    | 9                                                | 9/1/2003      |             |                | ]               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|--------------|--------------------|--------------------------------------------------|---------------|-------------|----------------|-----------------|
| FROM: (Old Operator):                                                                                                                                                          |              |                                                  |              | <b>TO:</b> ( New O | perator):                                        |               |             |                | 1               |
| N6020-Retamco Operating, Inc.                                                                                                                                                  |              |                                                  |              | N2525-The Ho       | ouston Explo                                     | ration Cor    | npany       |                | 1               |
| 3301 Stonewall Lane                                                                                                                                                            |              |                                                  |              | 1100 L             | ouisiana, Su                                     | ite 1000      |             |                | 1               |
| Billings, MT 59102                                                                                                                                                             |              |                                                  |              | Housto             | n, TX 77002                                      | 2-5215        |             |                | 1               |
| Phone: 1-(406) 248-5594                                                                                                                                                        |              |                                                  |              | Phone: 1-(713)     | 830-6800                                         |               |             |                |                 |
| CA No                                                                                                                                                                          | ),           |                                                  |              | Unit:              |                                                  | *** SEE       | BELOW       | ***            | ]               |
| WELL(S)                                                                                                                                                                        |              |                                                  |              |                    |                                                  |               |             |                |                 |
| NAME                                                                                                                                                                           | SEC          | TWI                                              | <b>V</b>     | API NO             | ENTITY<br>NO                                     | LEASE<br>TYPE | WELL        | WELL<br>STATUS |                 |
| CONOCO STATE 32-2                                                                                                                                                              | 32           |                                                  | 250E         | 4304730100         | 10096                                            | State         | GW          | S              |                 |
|                                                                                                                                                                                |              |                                                  |              |                    |                                                  |               |             |                | 4               |
|                                                                                                                                                                                | +-           | <del> </del>                                     | -            |                    | <del>                                     </del> |               |             | <del> </del>   | ┨               |
| FEDERAL 28-01                                                                                                                                                                  | 28           | 080S                                             | 250E         | 4304730098         | 10095                                            | Federal       | GW          | S              | ┪               |
| ROCK HOUSE 11-31                                                                                                                                                               | 31           |                                                  |              | 4304733312         |                                                  | Federal       | GW          | DRL            | 7               |
| WALKER HOLLOW 13-31                                                                                                                                                            | 31           | 060S                                             | 230E         | 4304735039         |                                                  | Federal       | GW          | APD            |                 |
|                                                                                                                                                                                |              |                                                  |              |                    |                                                  |               |             |                |                 |
| BONANZA UNIT                                                                                                                                                                   |              | ļ.,                                              |              |                    |                                                  |               |             | 1              |                 |
| HOSS #15                                                                                                                                                                       | 20           |                                                  | 250E         | 4304734756         | 13675                                            |               | GW          | S              | Ç               |
| LITTLE JOE #1                                                                                                                                                                  | 07           |                                                  |              | 4304734814         | 1                                                | Federal       | GW          | APD            | $\frac{1}{1}$ C |
| CARTWRIGHT 2                                                                                                                                                                   | 35           | 0908                                             | 240E         | 4304734815         |                                                  | Federal       | GW          | APD            | $\dashv^{c}$    |
|                                                                                                                                                                                | <del> </del> | <del> </del>                                     | <del> </del> |                    | <del> </del>                                     |               |             | <u> </u>       | -               |
|                                                                                                                                                                                | <del>-</del> | ${f -}$                                          |              |                    | -                                                |               | 1           |                | ┨               |
|                                                                                                                                                                                |              | <del>                                     </del> | <del></del>  |                    |                                                  |               |             |                | 1               |
|                                                                                                                                                                                |              |                                                  |              |                    |                                                  |               |             |                | _[              |
|                                                                                                                                                                                |              |                                                  | <u> </u>     |                    | <u> </u>                                         |               |             |                | ]               |
| OPERATOR CHANGES DOCUMENTE Enter date after each listed item is completed 1. (R649-8-10) Sundry or legal documentation via 2. (R649-8-10) Sundry or legal documentation via 3. | was rec      | ceived                                           |              | •                  |                                                  | 10/8/200      | _           |                |                 |
| 3. The new company was checked on the Depart                                                                                                                                   | rtment       | of Co                                            | mmerc        | e, Division of C   | Corporation                                      | s Databas     | e on:       | 10/9/2003      | _               |
| 4. Is the new operator registered in the State of                                                                                                                              |              |                                                  | YES          | Business Num       | ber: 5                                           | 380360-0      | <u>14</u> 3 |                |                 |
| 5. If NO, the operator was contacted contacted of                                                                                                                              |              |                                                  |              | -                  |                                                  |               |             |                |                 |
| 6. (R649-9-2)Waste Management Plan has been r                                                                                                                                  | eceive       | d on:                                            |              | In Place           | _                                                |               |             |                |                 |

| 8.       | Federal and Indian Units:                                                                                                |                                          |                                            |             |
|----------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------|-------------|
|          | The BLM or BIA has approved the successor of unit oper                                                                   | rator for wells listed on:               | n/a                                        | S.          |
| 9.       | Federal and Indian Communization Agreemed<br>The BLM or BIA has approved the operator for all wells be                   |                                          | n/a                                        | <del></del> |
| 10.<br>I | Underground Injection Control ("UIC")  aject, for the enhanced/secondary recovery unit/project for                       |                                          | VIC Form 5, Transfer of Authorsted on: N/A | ority to    |
| DAT      | A ENTRY:                                                                                                                 |                                          |                                            | <del></del> |
| l. C     | hanges entered in the Oil and Gas Database on:                                                                           | 12/15/2003                               |                                            |             |
| . C      | hanges have been entered on the Monthly Operator Cha                                                                     | nge Spread Sheet on:                     | 12/15/2003                                 |             |
| . В      | ond information entered in RBDMS on:                                                                                     | N/A                                      |                                            |             |
| . F      | ee wells attached to bond in RBDMS on:                                                                                   | N/A                                      |                                            |             |
| TA       | TE WELL(S) BOND VERIFICATION:                                                                                            |                                          |                                            |             |
| . Si     | ate well(s) covered by Bond Number:                                                                                      | 104155043                                |                                            |             |
| ED.      | ERAL WELL(S) BOND VERIFICATION: ederal well(s) covered by Bond Number:                                                   | U000062                                  |                                            |             |
|          | AN WELL(S) BOND VERIFICATION:                                                                                            |                                          |                                            | <del></del> |
| . In     | dian well(s) covered by Bond Number:                                                                                     | n/a                                      |                                            |             |
|          | WELL(S) BOND VERIFICATION:                                                                                               |                                          |                                            |             |
| . (R     | 549-3-1) The NEW operator of any fee well(s) listed cover                                                                | ered by Bond Number                      | n/a                                        |             |
| . The    | FORMER operator has requested a release of liability free Division sent response by letter on:                           | om their bond on: N/A N/A                | A                                          |             |
|          | SE INTEREST OWNER NOTIFICATION:                                                                                          |                                          |                                            |             |
| (R6      | 49-2-10) The FORMER operator of the fee wells has bee their responsibility to notify all interest owners of this change. | en contacted and informed by nge on:  N/ |                                            |             |
|          | MENTS:                                                                                                                   |                                          | <del></del>                                |             |
| hang     | e was delayed, waiting for Waste Management Plan                                                                         | and other information.                   |                                            |             |

CONFIDENTIAL

019

1. TYPE OF WELL

2. NAME OF OPERATOR:

P.O. Box 577

4. LOCATION OF WELL

3. ADDRESS OF OPERATOR:

OIL WELL

Houston Exploration, c/o Crazy Mountain Inc.

<sub>city</sub> Laurel

FOOTAGES AT SURFACE: 1291 FSL 8 2088 FEL

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

GAS WELL

roposats to driff new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged we driff horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

OTHER

|                       | FORM 9                                                     |  |
|-----------------------|------------------------------------------------------------|--|
|                       | 5. LEASE DESIGNATION AND SERIAL NUMBER: ML-45558           |  |
|                       | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                      |  |
| ls, or to             | 7. UNIT or CA AGREEMENT NAME:<br>Bonanza Unit (UTU-80155X) |  |
|                       | 8. WELL NAME and NUMBER:<br>HOSS #15                       |  |
|                       | 9. API NUMBER:<br>4304734756                               |  |
| 164                   | 10. FIELD AND POOL, OR WILDCAT: Wildcat                    |  |
|                       | COUNTY: Uintah                                             |  |
|                       | STATE: UTAH                                                |  |
| REPORT, OR OTHER DATA |                                                            |  |

| ٥   | TR/QTR, SECTION, TOWNSHIP, RAN                                                                                           | kge, meridian: SWSE 20 9S 25E                                      | STATE:<br>UTAH                |  |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|--|--|--|--|
| 11. | CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA                                              |                                                                    |                               |  |  |  |  |
|     |                                                                                                                          |                                                                    |                               |  |  |  |  |
| V   | NOTICE OF INTENT                                                                                                         | ACIDIZE DEEPEN                                                     | REPERFORATE CURRENT FORMATION |  |  |  |  |
|     | (Submit in Duplicate)                                                                                                    | ALTER CASING FRACTURE TREAT                                        | SIDETRACK TO REPAIR WELL      |  |  |  |  |
|     | Approximate date work will start:                                                                                        | CASING REPAIR NEW CONSTRUCTION                                     | TEMPORARILY ABANDON           |  |  |  |  |
|     |                                                                                                                          | CHANGE TO PREVIOUS PLANS OPERATOR CHANGE                           | TUBING REPAIR                 |  |  |  |  |
|     |                                                                                                                          | CHANGE TUBING PLUG AND ABANDON                                     | VENT OR FLARE                 |  |  |  |  |
|     | SUBSEQUENT REPORT<br>(Submit Original Form Only)                                                                         | CHANGE WELL NAME PLUG BACK                                         | WATER DISPOSAL                |  |  |  |  |
|     | Date of work completion:                                                                                                 | CHANGE WELL STATUS PRODUCTION (START/RESUME)                       | WATER SHUT-OFF                |  |  |  |  |
|     |                                                                                                                          | COMMINGLE PRODUCING FORMATIONS RECLAMATION OF WELL SITE            | OTHER: Pipeline Construction  |  |  |  |  |
|     |                                                                                                                          | CONVERT WELL TYPE RECOMPLETE - DIFFERENT FORMATION                 | N                             |  |  |  |  |
| 12. | 12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. |                                                                    |                               |  |  |  |  |
| O   |                                                                                                                          | uest permission to build a 4" surface steel unpainted pipeline fro |                               |  |  |  |  |

<sub>ZIP</sub> 59044

PHONE NUMBER:

(406) 628-41

point on Canyon Gas Pipeline on the border of Section 17 (ML-45557) and Section 20 (ML-45558). There will be no related facilities along the pipeline route, except a meter where the new line ties to Canyon Gas' existing line. The proposed pipeline will be capable of 1000# max psi and will not be hydrotested. Product to be transported is approximately one mmcf per day of dry gas from the Little Joe #1. Constructing the pipeline will to begin upon completion of the Little Joe #1 and will continue approximately 10 days. The pipeline will be used year-round, and will not contain any drips or pig lauching facilities. Pipeline will be constructed on existing well location and will be transported into place via small rubber-tired equipment to minimize vegetation disturbance. Please see attached map of proposed pipeline route.

|    | CO-1                   |    |
|----|------------------------|----|
| 1  | COPY SENT TO OPERATION |    |
| 1  | Date:                  |    |
| -  | Initials:              | ,  |
| -  | -660                   |    |
| ١. |                        | į. |
|    | M. Carristania         | 3  |

RECEIVED JAN 1 6 2004 DIV. OF OIL

| where the production of the first and the first production of the first produc | O. OIL, GAS & MINING               |  |
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| NAME (PLEASE PRINT) Molly Conrad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | πτιε Agent for Houston Exploration |  |
| SIGNATURE MOLLI COMO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE 1/13/2004                     |  |
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Accepted by the Utah Division of Oil, Gas and Mining

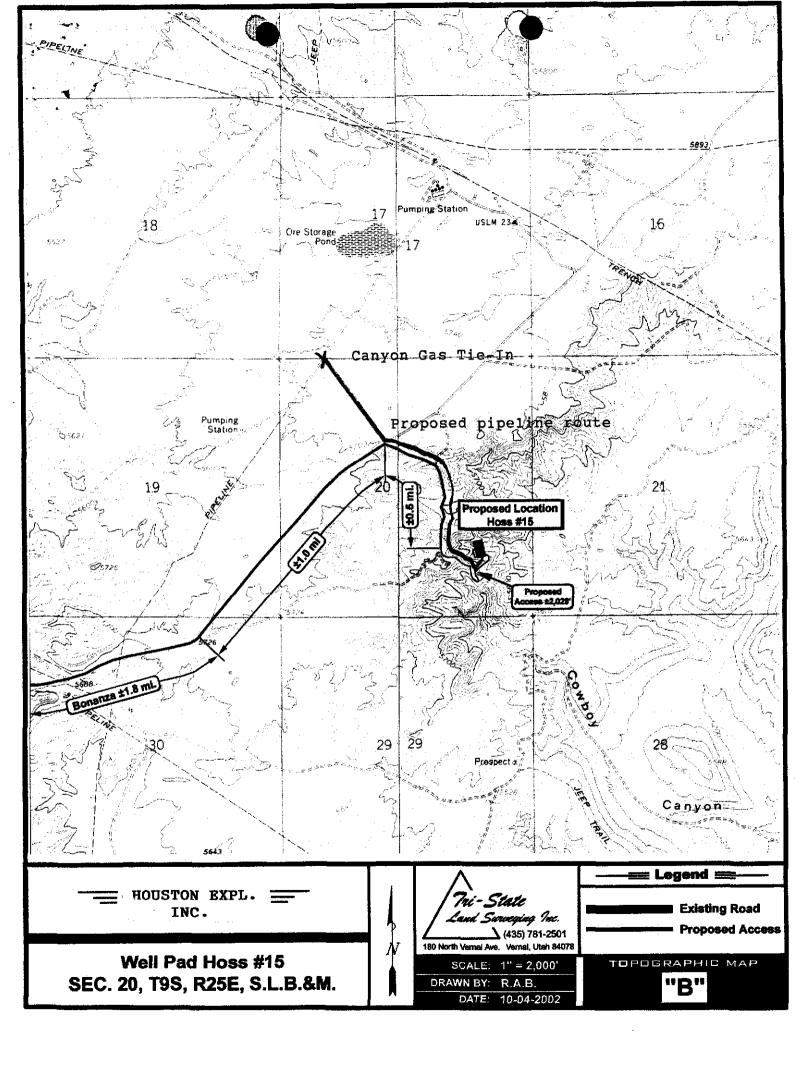
FOR RECORD ONLY

FOR RECUMU UNLA:

(See Instructions on Reverse Side)

Approvals Should be a quited from the appropriate State, Federal andlor Lung Management

Agencies



### CULTURAL RESOURCE INVENTORY OF RETAMCO OPERATING'S HOSS #15 ALTERNATE WELL LOCATION, UINTAH COUNTY, UTAH

By:

Keith R. Montgomery

Prepared For:

State of Utah
School and Institutional
Trust Lands Administration

Prepared By:

Montgomery Archaeological Consultants P.O. Box 147 Moab, Utah 84532

MOAC Report No. 02-155

November 6, 2002

United States Department of Interior (FLPMA)
Permit No. 02-UT-60122

State of Utah Antiquities Project (Survey) Permit No. U-02-MQ-0697s

### INTRODUCTION

A cultural resource inventory was conducted by Montgomery Archaeological Consultants (MOAC) for the Retamco Operating's proposed Hoss #15 Alternate well location in Uintah County, Utah. The original survey for this well location along with two other wells (Little Joe #1 and Cartwright #2) was completed by MOAC in October, 2002 (Montgomery 2002). The inventory was implemented at the request of Ms. Molly Conrad, Crazy Mountain Inc., Laurel, Montana. The proposed well location is on State of Utah School and Institutional Trust Lands Administration (SITLA) property.

The objective of the inventory was to locate, document, and evaluate any cultural resources in order to comply with Section 106 of 36 CFR 800, the National Historic Preservation Act of 1966 (as amended). Also, the inventories were implemented to attain compliance with a number of federal and state mandates, including the National Environmental and Policy Act of 1969, the Archaeological and Historic Conservation Act of 1972, the Archaeological Resources Protection Act of 1979, the American Indian Religious Freedom Act of 1978, and Utah State Antiquities Act of 1973 (amended 1990).

The fieldwork was performed by Keith R. Montgomery on November 6, 2002, under the auspices of U.S.D.I. (FLPMA) Permit No. 02-UT-60122 and State of Utah Antiquities Permit (Survey) No. U-02-MQ-0697s issued to Montgomery Archaeological Consultants, Moab, Utah.

A file search for previous archaeological inventories and documented cultural resources was conducted on September 23, 2002 by the author at the BLM Vernal Field Office, Vernal, Utah. The only cultural resource inventory in the immediate project area was completed by MOAC in October 2002 for Retamco Operating's three proposed well locations: Little Joe #1, Hoss #15, and Cartwright #2 (Montgomery 2002). No previously recorded archaeological sites occur in the current project area.

### DESCRIPTION OF PROJECT AREA

The project area is situated a few miles south of the Bonanza Plant in Uintah County, Utah. Proposed Hoss #15 well location (SITLA Land) is situated in the SW/SE and NE/SE of Section 20, Township 9 South, Range 25 East (Figure 1). It is accessed by a 2000 ft long access route previously surveyed by MOAC (Figure 1).

The project area lies within the Uinta Basin physiographic unit, a distinctly bowl-shaped geologic structure (Stokes 1986:231). The entire Uinta Basin ecosystem is within the Green River drainage, considered to be the northernmost extension of the Colorado Plateau. This is an area of broad erosional benches with extensive badland rims along the drainages. The heavily eroded benches and mesas are capped with sand and silt which erode downslope forming areas of sand dunes, sand sheets, and colluvial clays.

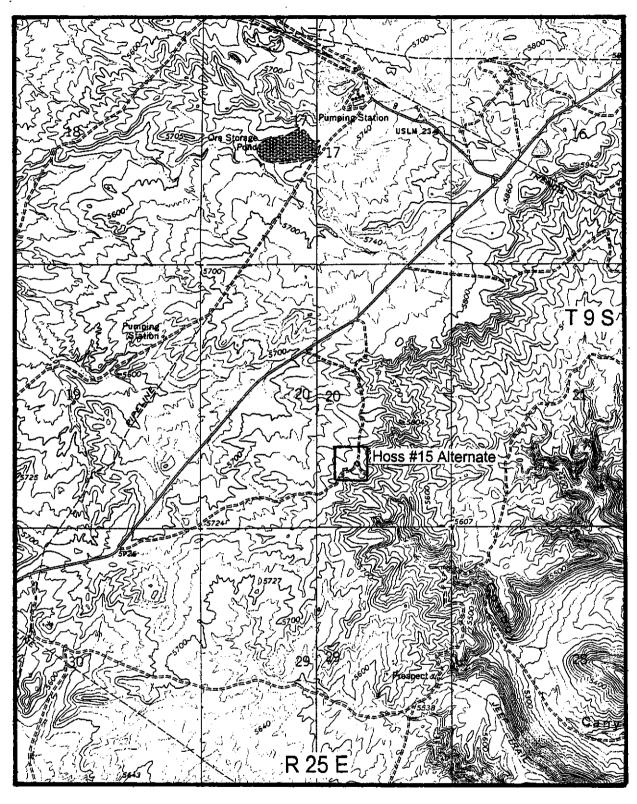


Figure 1. Inventory Area of Retamco's Proposed Hoss #15 Alternate Well Location, Uintah County, Utah. USGS 7.5' Bonanza, UT 1968 and Walsh Knolls, UT 1968. Scale 1:24000.

The project area includes recent alluvial deposits, older alluvial terrace deposits, and rock outcrops of the Upper Eocene Uinta Formation. The Uinta Formation occurs as eroded outcrops formed by fluvial deposited stream laid interbedded sandstone and mudstone. This formation is known for its fossil vertebrate turtles, crocodilians, fish, and mammals. The elevation of the project area averages 5500 feet (1682 m) a.s.l. Vegetation in the project area includes pinyon, juniper, sagebrush, rabbitbrush, snakeweed, and prickly pear cactus. Modern disturbances include livestock grazing, roads, and oil/gas development.

### SURVEY METHODOLOGY

An intensive pedestrian survey was performed by the author for this project which is considered 100% coverage. At the proposed well location, a 10 acre square was defined, centered on the well pad center stake. The interiors of the well location was examined for cultural resources by the archaeologist walking parallel transects spaced no more than 10 meters apart. Ground visibility was considered good. A total of 10 acres was surveyed for this project on SITLA land.

### RESULTS AND RECOMMENDATIONS

The inventory of Retamco Operating's proposed Hoss #15 Alternate well location resulted in no archaeological sites. Based upon the findings, a determination of "no historic properties affected" is recommended for this project pursuant to Section 106, CFR 800.

### REFERENCES CITED

Montgomery, K.R.

2002

Cultural Resource Inventories of Retamco Operating's Proposed Little Joe #1, Hoss #15 and Cartwright #2 Well Locations, Uintah County, Utah. Montgomery Archaeological Consultants, Moab, Utah. Report No. U-02-MQ-0643b,s on file at the BLM Vernal Field Office.

Stokes, William L.

1986

Geology of Utah. Utah Museum of Natural History and Utah Geological and Mineral Survey, Salt Lake City.

# PALEONTOLOGICAL FIELD SURVEY REPORT RETAMCO OPERATING, INC.

**WELL SITE HOSS #15** 

# SECTION 20, TOWNSHIP 9 SOUTH, RANGE 25 EAST UINTAH COUNTY, UTAH

October 9, 2002

BY

SUE ANN BILBEY, Ph.D. and EVAN HALL

UINTA PALEONTOLOGICAL ASSOCIATES, INC. 446 SOUTH 100 WEST VERNAL, UTAH 84078 435-790-2558

### INTRODUCTION

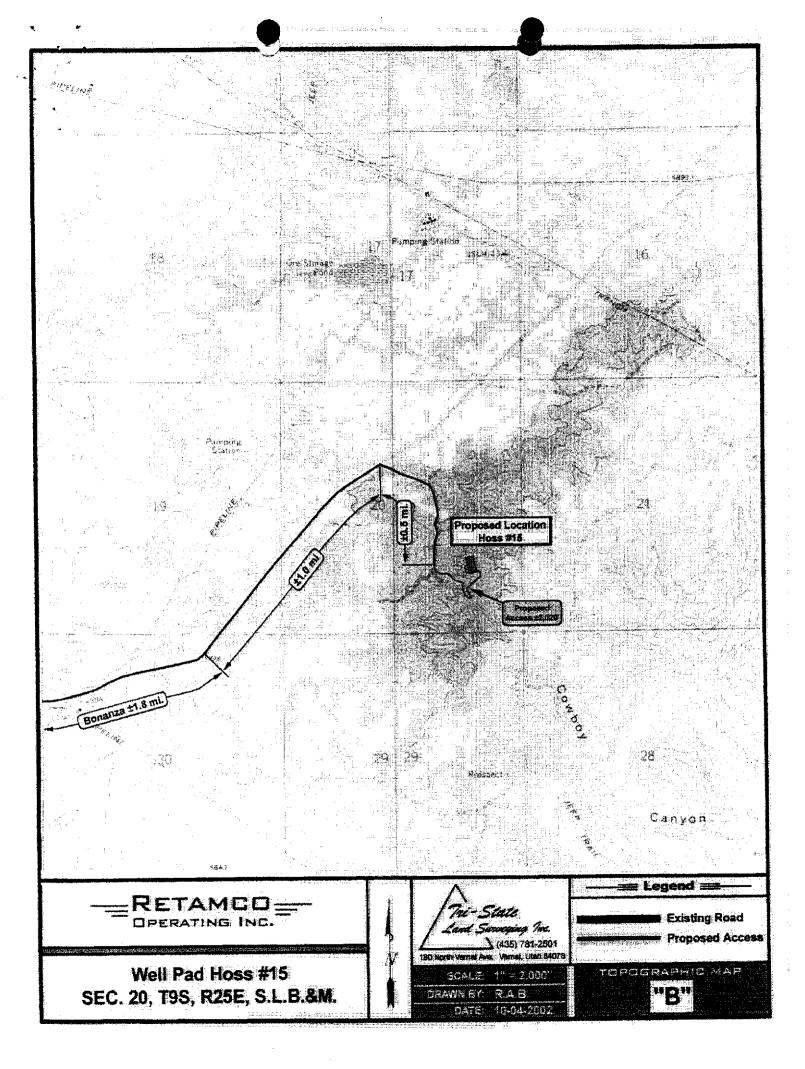
In October 2002, Uinta Paleontological Associates Inc. was contacted by Gene Stewart of Tri-State Land Surveying, Inc. to do a paleontological field survey for Retamco Operating, Inc. of the proposed well site and access road for Well Pad Hoss #15 in the SE ¼, of Section 20, Township 9 South, Range 25 East on Bureau of Land Management lands in Uintah County, Utah. As part of a comprehensive regional survey, we have contacted Blaine Phillips, Archaeologist at the Bureau of Land Management in Vernal, Utah and Martha Hayden at the Utah Geological Survey to obtain sensitivity information regarding the Uinta Formation in this general area. In addition Utah Field House of Natural History files were also searched.

A 100% pedestrian field survey was done along the access road right-of-way and well site Well Pad Hoss #15 on October 9, 2002.

### RESULTS OF PALEONTOLOGICAL SURVEY

Retarnco Well Pad Hoss #15 and its associated access road right-of-way are located stratigraphically in the lower part of the Uinta Formation. The Dolichorhimus skeleton on exhibit at the Utah Field House is from the sandstone beds of the B1 unit of the same formation near Bonanza. In addition, numerous new discoveries of significant vertebrate fossils have been found in the Natural Buttes area (see Hamblin and other Uinta Paleo reports). About one year ago, we found a critically important vertebrate fossil site in a nearby section (42UN1351v). This newly proposed site is located somewhat lower stratigraphically than the known fossil site.

RECOMMENDATIONS: No monitor is necessary during construction of this access road and well site. However, if fossil resources are encountered, the project paleontologist and the appropriate land manager should be notified immediately to evaluate the discovery.



### SELECTED BIBLIOGRAPHY

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- Untermann, G. E. and B. R. Untermann, 1968, Geology of Uintah County: Utah Geologic and Mineralogical Survey Bulletin 72, 98 pp.



State of Utah

Department of Natural Resources

Division of Oil, Gas & Mining

ROBERT L. MORGAN Executive Director

LOWELL P. BRAXTON
Division Director

March 19, 2004

CERTIFIED MAIL NO. 7002 0510 0003 8602 6587

Lloyd Bruce Houston Exploration Company 1100 Louisiana, Suite 2000 Houston, Texas 77002-5215

Re: Extended Shut-in and Temporary Abandoned Well Requirements for Fee or State Leases.

Dear Mr. Bruce:

Houston Exploration Company, as of March 2004, has two (2) State Lease Wells (see attachment A) that are currently in non-compliance for extended shut-in or temporary abandonment status. Wells SI/TA beyond twelve (12) consecutive months requires filing a Sundry Notice (R649-3-36-1). Wells with five (5) years non-activity or non-productivity shall be plugged, unless the Division grants approval for extended shut-in time upon a showing of good cause by the operator (R649-3-36-1.3.3). For extended SI/TA consideration the operator shall provide the Utah Division of Oil, Gas & Mining with the following:

- 1. Reasons for SI/TA of the well (R649-3-36-1.1).
- 2. The length of time the well is expected to be SI/TA (R649-3-36-1.2), and
- 3. An explanation and supporting data if necessary, for showing the well has integrity, meaning that the casing, cement, equipment condition, static fluid level, pressure, existence or absence of Underground Sources of Drinking Water and other factors do not make the well a risk to public health and safety or the environment (R649-3-36-1.3).



Page 2 Lloyd Bruce March 19, 2004

Submitting the information suggested below may help show well integrity and may help qualify your well for extended SI/TA. Note: As of July 1, 2003, wells in violation of the SI/TA rule R649-3-36 may be subject to full cost bonding (R649-3-1-4.2, 4.3).

- 1. Wellbore diagram, and
- 2. Copy of recent casing pressure test, and
- 3. Current pressures on the wellbore (tubing pressure, casing pressure, and casing/casing annuli pressure) showing wellbore has integrity, and
- 4. Fluid level in the wellbore, and
- 5. An explanation of how the submitted information proves integrity.

If the required information is not received within 30 days of the date of this notice, further actions may be initiated. If you have any questions concerning this matter, please contact me at (801) 538-5281.

Sincerely,

Dustin K. Doucet Petroleum Engineer

jc

cc:

John Baza Well File

SITLA

|   | Well Name         | API          | Lease Type | Years Inactive     |
|---|-------------------|--------------|------------|--------------------|
|   | Conoco State 32-2 | 43-047-30100 | State      | 10 Years 11 Months |
| 2 | Hoss #15          | 43-047-34756 | State      | 1 Year 0 Months    |

Form 3160-5 FORM APPROVED UNITED STATES (August 1999) OMB NO. 1004-0135 DEPARTMENT OF THE INTERIOR Expires: November 30, 2000 BUREAU OF LAND MANAGEMENT Lesse Serial No. SUNDRY NOTICES AND REPORTS ON WELLS <u>45558</u> Do not use this form for proposals to drill or to re-enter an 6. If Indian, Allottee or Tribe Name abandoned well. Use form 3160-3 (APD) for such proposals. 7. If Unit or CA/Agreement, Name and/or No. SUBMIT IN TRIPLICATE - Other instructions on reverse side. Bonanza Unit 8. Well Name and No. 1. Type of Well 🔲 Oil Well 🙎 Gas Well 🔲 Other Hoss #15 9. API Well No. 2. Name of Operator Contact THERESA OVERTURF THE HOUSTON EXPLORATION CO. E-Mail: tovertur@houstonexp.com 43-04<u>7-34756</u> 3b. Phone No. (include area code) 10. Field and Pool, or Exploratory 1100 LOUISIANA, SUITE 2000 Ph: 713.830,6938 Wildcat Unio HOUSTON, TX 77002 11. County or Parish, and State 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) **UINTAH COUNTY, UT** SW/SE Sec. 20, T9S, R25E 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION ☐ Water Shut-Off ☐ Acidize □ Deepen ☐ Production (Start/Resume) ☐ Notice of Intent □ Well Integrity ☐ Fracture Treat □ Reclamation ☐ Alter Casing Subsequent Report Ø Other □ New Construction ☐ Recomplete ☐ Casing Repair **Drilling Operations** Plug and Abandon ☐ Temporarily Abandon ☐ Final Abandonment Notice ☐ Change Plans ☐ Plug Back ☐ Water Disposal □ Convert to Injection 13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.) Operations 3/23/04 through 3/29/04 Building Pipeline. RECEIVED APR 0 5 2004 DIV. OF OIL, GAS & MINING 14. I hereby certify that the foregoing is true and correct. . ... L. Name (Printed/Typed) THERESA OVERTURF Title AUTHORIZED REPRESENTATIVE 3/30/04 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



April 15, 2004

State of Utah
Department of Natural Rescources
Division of Oil, Gas & Mining
P. O. Box 145801
Salt Lake City, UT 84114-5801

ATTN: Mr. Dustin K. Doucet Petroleum Engineer

RE: Extended Shut-In and Temporary Abandoned Well Requirements for Fee or State Leases Conoco State #32-2, API 43-047-30100 Hoss #15, API 43-047-34756

Dear Mr. Doucet:

We received your certified letter dated March 19,2004 in regards to the above referenced wells. Enclosed is a copy of our Sundry notice for the Hoss #15 reporting first sales.

We recently purchased these wells from Retamco Operating Inc., and would like to request that we be given until May 31, 2004 to submit the information on the Conoco State #32-2.

Please let us know if this meets your approval.

Sincerely,

Theresa Overturf

#### FORM 9

STATE OF UTAH

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

| )   |                                                                   |                                                       | IL, GAS AND MI                                           |                    |                                        |                |                                | OON AND SERIAL NUMBER:                |
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|     | AME OF OPERATOR:                                                  | anda- Co                                              |                                                          |                    |                                        |                | API NUMBER:                    |                                       |
| L A | ne Houston Explor                                                 |                                                       |                                                          |                    | PHONE NUMBER                           |                | 43-047-34<br>0. FIELD AND POO  |                                       |
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| ٥   | TRACTR, SECTION, TOWNSHIP, RAN                                    |                                                       | SE Sec. 20,                                              |                    |                                        | ·              | STATE:                         | UTAH                                  |
| 1.  | CHECK APPR                                                        | ROPRIATE BOX                                          | CES TO INDICAT                                           | E NATUR            | E OF NOTICE                            | E, REPOR       | T, OR OTHE                     | R DATA                                |
|     | TYPE OF SUBMISSION                                                |                                                       |                                                          |                    | TYPE OF ACTI                           | ON             |                                |                                       |
| ]   | NOTICE OF INTENT                                                  | ACIDIZE                                               |                                                          | DEEPEN             |                                        |                | REPERFOR                       | ATE CURRENT FORMATION                 |
|     | (Submit in Duplicate)                                             | ALTER CASING                                          |                                                          | FRACTU             | RE TREAT                               |                | SIDETRACK                      | TO REPAIR WELL                        |
|     | Approximate date work will start:                                 | CASING REPAIR                                         |                                                          | ☐ NEW CO           | NSTRUCTION                             |                | TEMPORAR                       | ILY ABANDON                           |
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| X   | SUBSEQUENT REPORT<br>(Submit Original Form Only)                  | CHANGE WELL                                           |                                                          | PLUG 8/            | ick .                                  | · ·            | WATER DIS                      | POSAL                                 |
|     | Date of work completion:                                          | CHANGE WELL                                           | STATUS                                                   | PRODUC             | TION (START/RESU                       | ME)            | WATER SH                       | IT-OFF                                |
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|     | 3/27/04                                                           | CONVERT WELL                                          | TYPE                                                     | RECOM              | LETE - DIFFERENT                       | FORMATION      |                                |                                       |
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|     |                                                                   |                                                       | -                                                        |                    |                                        | J.L            | " GAS & MINII                  | VG                                    |
|     | E (PLEASE PRINT) Theres                                           | a Overturf                                            | vertu 1                                                  |                    |                                        |                | echnician                      |                                       |
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Form 3160-5 (August 1999)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

| SUNDRY                                                                                                                                                                                                                                                 | NOTICES AND REPO                                                                                                            |                                                        | 5. Lesse Sorial No.<br>ML 45558          |                                              |                                               |                                                                                  |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|
| abandoned wel                                                                                                                                                                                                                                          | ii. Use form 3160-3 (AF                                                                                                     | D) for such p                                          | -enter a<br>)roposa                      | in<br>ils.                                   |                                               | 6. If Indian, Allottee                                                           | or Tribe Name               |
| SUBMIT IN TRI                                                                                                                                                                                                                                          | PLICATE - Other instru                                                                                                      | ctions on rev                                          | erse si                                  | de.                                          |                                               | 7. If Unit or CA/Agre<br>BONANZA UNI                                             | ement, Name and/or No.<br>T |
| 1. Type of Well                                                                                                                                                                                                                                        |                                                                                                                             |                                                        |                                          | <u> </u>                                     | ······································        | 8. Well Name and No.                                                             |                             |
| Oil Well  Gas Well Ott                                                                                                                                                                                                                                 | · · · · · · · · · · · · · · · · · · ·                                                                                       |                                                        |                                          |                                              | ·                                             | HOSS 15                                                                          |                             |
| 2. Name of Operator<br>THE HOUSTON EXPLORATION                                                                                                                                                                                                         | ON CO.                                                                                                                      | THERESA O<br>E-Mail: tovertu                           | rf@hous                                  | tonexp.con                                   | n                                             | 9. API Well No.<br>43-047-34756                                                  |                             |
| 3a. Address<br>1100 LOUISIANA, SUITE 200<br>HOUSTON, TX 77002                                                                                                                                                                                          | 0                                                                                                                           | 3b. Phone No<br>Ph: 713.83                             | (include<br>0.6938                       | area code)                                   |                                               | 10. Field and Pool, or<br>WILDCAT                                                | Exploratory                 |
| 4. Location of Well (Footage, Sec., T                                                                                                                                                                                                                  | , R., M., or Survey Description                                                                                             | y                                                      |                                          |                                              |                                               | 11. County or Parish,                                                            | and State                   |
| Sec 20 T9S R25E SWSE                                                                                                                                                                                                                                   |                                                                                                                             |                                                        | •                                        |                                              |                                               | UINTAH COUN                                                                      | TY, UT                      |
| 12. CHECK APPI                                                                                                                                                                                                                                         | ROPRIATE BOX(ES) T                                                                                                          | O INDICATE                                             | NATU                                     | RE OF N                                      | OTICE, R                                      | EPORT, OR OTHE                                                                   | R DATA                      |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                     |                                                                                                                             |                                                        |                                          | TYPE OF                                      | ACTION                                        |                                                                                  |                             |
| ☐ Notice of Intent                                                                                                                                                                                                                                     | ☐ Acidize                                                                                                                   | ☐ Dec                                                  | pen                                      |                                              | ☐ Product                                     | ion (Start/Resume)                                                               | ☐ Water Shut-Off            |
|                                                                                                                                                                                                                                                        | ☐ Alter Casing                                                                                                              | ☐ Fracture Treat                                       |                                          |                                              | ☐ Reclam                                      | ation                                                                            | ☐ Well Integrity            |
| Subsequent Report                                                                                                                                                                                                                                      | Casing Repair                                                                                                               | □ New Construction                                     |                                          |                                              | ☐ Recomp                                      | olete                                                                            | ⊠ Other                     |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                             | Change Plans                                                                                                                | O Plug                                                 | g and Abandon                            |                                              | ☐ Temporarily Abandon                         |                                                                                  | Production Start-up         |
|                                                                                                                                                                                                                                                        | Convert to Injection                                                                                                        | ☐ Plug                                                 | g Back                                   |                                              | ☐ Water I                                     | Disposal                                                                         |                             |
| If the proposal is to deepen direction Attach the Bond under which the worfollowing completion of the involved testing has been completed. Final At determined that the site is ready for fi Operations 3/30/04 through 4/5/64-48/64" ck, 111-540 MCF. | rk will be performed or provid<br>toperations. If the operation re-<br>sandonment Notices shall be fi-<br>inal inspection.) | the Bond No. or<br>sults in a multipled only after all | n file with<br>the comple<br>requirement | BLM/BIA.<br>tion or recor<br>ents, including | Required su<br>npletion in a<br>ng reclamatio | bacquent reports shall be<br>new interval, a Form 316<br>n, have been completed, | filed within 30 days        |
| V.                                                                                                                                                                                                                                                     |                                                                                                                             |                                                        |                                          |                                              |                                               |                                                                                  |                             |
| •                                                                                                                                                                                                                                                      |                                                                                                                             |                                                        |                                          |                                              | R                                             | ECEIVED                                                                          |                             |
|                                                                                                                                                                                                                                                        |                                                                                                                             | e de ser e de la                                       | V *                                      |                                              |                                               | DD 1 9 2004                                                                      |                             |
|                                                                                                                                                                                                                                                        |                                                                                                                             | 1 H 1 1                                                |                                          | •                                            | DIV.                                          | of Oil, gas & Min                                                                | NG - TARTARIA               |
| •                                                                                                                                                                                                                                                      |                                                                                                                             | •                                                      |                                          |                                              | ·                                             | * .                                                                              |                             |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                             | true and correct.<br>Electronic Submission                                                                                  | #29527 verifie                                         | by the                                   | RI M Wall                                    | Information                                   | Svetem                                                                           |                             |
|                                                                                                                                                                                                                                                        | For THE HOUS                                                                                                                | TON EXPLORA                                            | TIÓN C                                   | O., sent to                                  | the Vernal                                    |                                                                                  |                             |
| Name (Printed/Typed) THERES/                                                                                                                                                                                                                           | OVERTURF                                                                                                                    |                                                        | Title                                    | AUTHO                                        | RIZED REP                                     | PRESENTATIVE                                                                     |                             |
| Signature (Electronic S                                                                                                                                                                                                                                | Submission)                                                                                                                 |                                                        | Date                                     | 04/13/20                                     | 04                                            |                                                                                  |                             |
|                                                                                                                                                                                                                                                        | THIS SPACE F                                                                                                                | OR FEDERA                                              | VI OB                                    | QTATE (                                      | SEELCE II                                     | e=                                                                               |                             |

Conditions of approval, if any, are attached. Approval of this notice does not warrant or cartify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Tide

|                                                                                                                                            | STATE OF UTAH<br>DEPARTMENT OF NATURAL RESOL                                                            | IDCES                                                  | FORM 9                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|
|                                                                                                                                            | DIVISION OF OIL, GAS AND M                                                                              |                                                        | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>ML 45558           |
| SUNDRY                                                                                                                                     | NOTICES AND REPORT                                                                                      | S ON WELLS                                             | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                         |
| Do not use this form for proposals to drill n                                                                                              | new wells, significantly deepen existing wells below or<br>aterals. Use APPLICATION FOR PERMIT TO DRILL | urrent bottom-hole depth, reenter plugged wells, or to | 7. UNIT or CA AGREEMENT NAME:                                 |
| 1. TYPE OF WELL                                                                                                                            |                                                                                                         |                                                        | Bonanza IInit  8. WELL NAME and NUMBER:                       |
| OIL WELL                                                                                                                                   | GAS WELL X OTHER                                                                                        |                                                        | Hoss 15                                                       |
| 2. NAME OF OPERATOR:                                                                                                                       |                                                                                                         |                                                        | 9. APINUMBER:                                                 |
| The Houston Explor                                                                                                                         | ation Company                                                                                           | In our where                                           | 43-047-34756                                                  |
|                                                                                                                                            | 000, Houston, TX 77002                                                                                  | PHONE NUMBER:<br>5 713-830-6800                        | 10. FIELD AND POOL, OR WILDCAT: Wildcat                       |
| 4. LOCATION OF WELL                                                                                                                        | STATE O A                                                                                               | 1,13,030,000                                           | 7727000                                                       |
| FOOTAGES AT SURFACE: 1291                                                                                                                  | l' FSL & 2088' FEL                                                                                      |                                                        | COUNTY: Uintah                                                |
| QTR/QTR, SECTION, TOWNSHIP, RAN                                                                                                            | IGE, MERIDIAN: SW/SE Sec. 20,                                                                           | T9S, R25E                                              | STATE: UTAH                                                   |
| 11. CHECK APPR                                                                                                                             | ROPRIATE BOXES TO INDICA                                                                                | TE NATURE OF NOTICE, REPO                              | RT, OR OTHER DATA                                             |
| TYPE OF SUBMISSION                                                                                                                         |                                                                                                         | TYPE OF ACTION                                         |                                                               |
| NOTICE OF INTENT                                                                                                                           | ACIDIZE                                                                                                 | DEEPEN                                                 | REPERFORATE CURRENT FORMATION                                 |
| (Submit in Duplicate)                                                                                                                      | ALTER CASING                                                                                            | FRACTURE TREAT                                         | SIDETRACK TO REPAIR WELL                                      |
| Approximate date work will start:                                                                                                          | CASING REPAIR                                                                                           | NEW CONSTRUCTION                                       | TEMPORARILY ABANDON                                           |
|                                                                                                                                            | CHANGE TO PREVIOUS PLANS                                                                                | OPERATOR CHANGE                                        | TUBING REPAIR                                                 |
|                                                                                                                                            | CHANGE TUBING                                                                                           | PLUG AND ABANDON                                       | VENT OR FLARE                                                 |
| SUBSEQUENT REPORT                                                                                                                          | CHANGE WELL NAME                                                                                        | PLUG BACK                                              |                                                               |
| (Submit Original Form Only)                                                                                                                |                                                                                                         |                                                        | WATER DISPOSAL                                                |
| Date of work completion:                                                                                                                   | CHANGE WELL STATUS                                                                                      | X PRODUCTION (START/RESUME)                            | WATER SHUT-OFF                                                |
| 3/29/04                                                                                                                                    | COMMINGLE PRODUCING FORMATIONS                                                                          |                                                        | OTHER:                                                        |
|                                                                                                                                            | CONVERT WELL TYPE                                                                                       | RECOMPLETE - DIFFERENT FORMATION                       |                                                               |
| Operations 3/30                                                                                                                            | 0/04 through 4/12/04 C                                                                                  | ompleted pipeline. Turne 0 BW, FTP 180-200, SIC        | ed well to sales.3/29/04.                                     |
| •                                                                                                                                          |                                                                                                         |                                                        |                                                               |
|                                                                                                                                            |                                                                                                         |                                                        | •                                                             |
|                                                                                                                                            |                                                                                                         |                                                        |                                                               |
| $\mathcal{T}_{\mathbf{w}} = \{ (1, 1, \dots, n) \mid \mathbf{w} \in \mathcal{T}_{\mathbf{w}} : \mathbf{w} \in \mathcal{T}_{\mathbf{w}} \}$ |                                                                                                         |                                                        | $(x_1, x_2, \dots, x_n) = (x_1, \dots, x_n) \in \mathbb{R}^n$ |
|                                                                                                                                            |                                                                                                         |                                                        |                                                               |
|                                                                                                                                            |                                                                                                         |                                                        |                                                               |
|                                                                                                                                            |                                                                                                         |                                                        |                                                               |
|                                                                                                                                            |                                                                                                         |                                                        |                                                               |
|                                                                                                                                            |                                                                                                         |                                                        |                                                               |
|                                                                                                                                            |                                                                                                         |                                                        |                                                               |
|                                                                                                                                            |                                                                                                         |                                                        | ·                                                             |
| NAME (PLEASE PRINT) Theres.                                                                                                                | a Overturf                                                                                              | TITLE Engineering                                      | Technician                                                    |
| <u>S</u>                                                                                                                                   | <del></del>                                                                                             |                                                        |                                                               |

RECEIVED
APR 2 0 2004



State of Utah

Department of Natural Resources

Division of Oil, Gas & Mining

ROBERT L. MORGAN Executive Director

LOWELL P. BRAXTON
Division Director

May 10, 2004

CERTIFIED MAIL NO. 7002 0510 0003 8602 5078

Ms. Theresa Overturf
The Houston Exploration Company
1100 Louisiana, Suite 2000
Houston, Texas 77002-5215

Re: Extended Shut-in and Temporary Abandoned Well Requirements for Fee or State Leases dated March 19, 2004.

Dear Ms. Overturf,

The Division of Oil, Gas and Mining (DOGM) is in receipt of your letter dated April 15, 2004 in regards to the two (2) shut-in wells operated by The Houston Exploration Company (THEC). It is our understanding the Hoss #15 is now a producing well (sundry dated 4/15/2004 received by the division 4/19/2004) and THEC requests an extension until May 31, 2004 to submit information on the Conoco State #32-2. The DOGM grants the extension for the Conoco State #32-2 as requested in your letter.

For reference, Attachment A lists the wells subject to this request. If you have any questions or need additional assistance in regards to the above matters please contact me at (801) 538-5281.

Ce well File SITEM

Dustin Doucet
Petroleum Engineer



|   | Well Name         | API          | Lease Type | Years Inactive     |
|---|-------------------|--------------|------------|--------------------|
| 1 | Conoco State 32-2 | 43-047-30100 | State      | 10 Years 11 Months |
| 2 | Hoss #15          | 43-047-34756 | State      | 1 Year 0 Months    |

# DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

| DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                                                  | 5. LEASE DESIGNATION AND SERIAL NUMBER:    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:      |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. | 7. UNIT OF CA AGREEMENT NAME:              |
| 1. TYPE OF WELL OIL WELL GAS WELL OTHER                                                                                                                                                                                                          | 8. WELL NAME and NUMBER: See Attached List |
| 2. NAME OF OPERATOR:                                                                                                                                                                                                                             | 9. API NUMBER:                             |
| The Houston Exploration Company N2525  3. ADDRESS OF OPERATOR:  PHONE NUMBER:                                                                                                                                                                    |                                            |
| 1100 Louisiana, Ste 2000 CITY Houston STATE TX ZIP 77002 (713) 830-6938                                                                                                                                                                          | 10. FIELD AND POOL, OR WILDCAT:            |
| 4. LOCATION OF WELL FOOTAGES AT SURFACE: See Attached List                                                                                                                                                                                       | соинту: Uintah                             |
| OTRICTE SECTION TOWNSHIP CANCE APPROVA                                                                                                                                                                                                           |                                            |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:                                                                                                                                                                                                     | STATE:<br>UTAH                             |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT                                                                                                                                                                                 | RT, OR OTHER DATA                          |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                |                                            |
| ✓ NOTICE OF INTENT ☐ ACIDIZE ☐ DEEPEN                                                                                                                                                                                                            | REPERFORATE CURRENT FORMATION              |
| (Submit in Duplicate)                                                                                                                                                                                                                            | SIDETRACK TO REPAIR WELL                   |
| Approximate date work will start: CASING REPAIR NEW CONSTRUCTION                                                                                                                                                                                 | TEMPORARILY ABANDON                        |
| 9/1/05 CHANGE TO PREVIOUS PLANS  PERATOR CHANGE 9/1/05                                                                                                                                                                                           | TUBING REPAIR                              |
| CHANGE TUBING PLUG AND ABANDON                                                                                                                                                                                                                   | VENT OR FLARE                              |
| SUBSEQUENT REPORT CHANGE WELL NAME PLUG BACK (Submit Original Form Only)                                                                                                                                                                         | WATER DISPOSAL                             |
| Date of work completion:  CHANGE WELL STATUS  PRODUCTION (START/RESUME)                                                                                                                                                                          | WATER SHUT-OFF                             |
| COMMINGLE PRODUCING FORMATIONS RECLAMATION OF WELL SITE                                                                                                                                                                                          | OTHER:                                     |
| CONVERT WELL TYPE RECOMPLETE - DIFFERENT FORMATION                                                                                                                                                                                               |                                            |
| Enduring Resources, LLC Operator #N 2750 Utah State Bond #RLB0008031 475 17th Street, Ste 1500 Denver, CO 80202  Contact: Frank Hutto 303-350-5102  Signature & Title Date 9/19/05                                                               | VP. OPS                                    |
| NAME (PLEASE PRINT) Joanne Hresko  SIGNATURE DATE 9/2/2005                                                                                                                                                                                       | eneral Manager Onshore                     |
| This space for State use only) APPROVED 913913005                                                                                                                                                                                                | LITOCIAED                                  |
| Endered                                                                                                                                                                                                                                          | SEP 2 6 2005                               |
| Division of Oil, Gas and Mining Earlene Russell, Engineering Technician on Reverse Side)                                                                                                                                                         | DIV. OF OIL, GAS & MINING                  |

### TRANSFER OF OPERATOR

# NATURAL BUTTES FIELD, UINTAH COUNTY, UTAH DRILLED WELLS, TO BE OPERATED BY ENDURING RESOURCES, LLC

| API Well Number | Well Name              | Well Status | Qtr/Qtr | Section | Township-Range | FNL/FSL | FEL/FWL | Latitude | Longitude  |
|-----------------|------------------------|-------------|---------|---------|----------------|---------|---------|----------|------------|
| 43047355550000  | Bonanza #10D-18        | Si          | NWSE    | 18      | 9S-24E         | 1437 S  | 1800 E  | 40.03340 | -109.25282 |
| 43047355510000  | Bonanza #12D-12        | Producing   | NWSW    | 12      | 9S-23E         | 1556 S  | 867 W   | 40.04788 | -109.28055 |
| 43047356930000  | Bonanza #2D-27         | Producing   | NWNE    | 27      | 9S-24E         | 1064 N  | 1824 E  | 40.01123 | -109.19600 |
| 43047359080000  | Bonanza 10-11          | Producing   | NWSE    | 11      | 9S-23E         | 1991 S  | 1755 E  | 40.04866 | -109.29035 |
| 43047356920000  | Bonanza 10D-8          | SI          | NWSE    | 8       | 9S-24E         | 1510 S  | 1768 E  | 40.04789 | -109.23383 |
| 43047355520000  | Bonanza 1-11           | Producing   | NWNW    | 11      | 9S-23E         | 990 N   | 990 E   | 40.05431 | -109.29891 |
| 43047359290000  | Bonanza 12-20          | Drlg        | NWSW    | 20      | 9S-25E         | 1998 S  | 825 W   | 40.01947 | -109.13150 |
| 43047-359210000 | Bonanza 12A-18         | Producing   | NWSW    | 18      | 9S-24E         | 2067 S  | 813 W   | 40.03430 | -109.26242 |
| 43047359090000  | Bonanza 14-12          | Evaluating  | SESW    | 12      | 9S-23E         | 505 S   | 2001 W  | 40.04455 | -109.27693 |
| 43047359940000  | Bonanza 4-18           | WOPL        | NWNW    | 18      | 9S-24E         | 706 N   | 682 W   | 40.04119 | -109.26288 |
| 43047-356220000 | Bonanza 4D-16          | Producing   | NWNW    | 16      | 9S-24E         | 1152 N  | 1209 W  | 40.04000 | -109.22349 |
| 43047358600000  | Bonanza 6-36           | Producing   | SENW    | 36      | 9S-24E         | 2217 N  | 2009 W  | 39.99336 | -109.16393 |
| 43047359120000  | Bonanza 6B-8           | Producing   | SENW    | 8       | 9S-24E         | 2017 N  | 1878 W  | 40.05213 | -109.24004 |
| 43047359200000  | Bonanza 8D-7           | Producing   | SENE    | 7       | 9S-24E         | 1992 N  | 477 E   | 40.05220 | -109.24845 |
| 43047359050000  | Buck Canyon 15-24      | P&A         | SW/SE   | 24      | 12S-21E        | 700 S   | 2139 E  | 39.75386 | -109.5134  |
| 43047348150000  | Cartwright 2-35        | TA          | NWNE    | 35      | 9S-24E         | 858 N   | 2104 E  | 39.99733 | -109.17882 |
| 43047332510000  | East Bench 11-16       | woc         | NESW    | 16      | 11S-22E        | s s     | 1980 W  | 39.85889 | -109.46172 |
| 43047347560000  | Hoss 15                | Producing   | SWSE    | 20      | 9S-25E         | 1291 S  | 2088 E  | 40.01767 | -109.12236 |
| 43047348140000  | Little Joe 11-7        | TA          | NENE    | 7       | 9S-25E         | 710 N   | 644 E   | 40.05562 | -109,13601 |
| 43047361500000  | Rainbow 14-17          | WOC         | SESW    | 17      | 11S-24E        | 780 S   | 1726 W  | 39.85689 | -109.25731 |
| 43047361840000  | Rainbow 2-16           | woc         | NWNE    | 16      | 11S-24E        | 837 N   | 2136 E  | 39.86708 | -109,23348 |
| 43047353630000  | Southman Canyon 10D-36 | Producing   | NWSE    | 36      | 9S-23E         | 1757 S  | 1650 E  | 39.98991 | -109.27148 |
| 43047353640000  | Southman Canyon 12D-36 | Producing   | NWSW    | 36      | 9S-23E         | 1518 S  | 1069 W  | 39.98977 | -109,28040 |
| 43047357700000  | Southman Canyon 14C-36 | Producing   | SESW    | 36      | 9S-23E         | 648 S   | 1717 W  | 39.98689 | -109.27716 |
| 43047357720000  | Southman Canyon 16C-36 | Producing   | SESE    | 36      | 9S-23E         | 542 S   | 736 E   | 39.98607 | -109.26912 |
| 43047356910000  | Southman Canyon 2D-30  | Producing   | NWNE    | 30      | 9S-24E         | 1171 N  | 1502 E  | 40.01111 | -109.25269 |
| 43047353650000  | Southman Canyon 2D-36  | Producing   | NWNE    | 36      | 9S-23E         | 960 N   | 1751 E  | 39.99711 | -109.27228 |
| 43047353610000  | Southman Canyon 4D-36  | Producing   | NWNW    | 36      | 9S-23E         | 1163 N  | 1137 W  | 39.99623 | -109.28012 |
| 43047353620000  | Southman Canyon 6D-36  | Producing   | SENW    | 36      | 9S-23E         | 2466 N  | 2271 W  | 39.99336 | -109.27635 |
| 43047357710000  | Southman Canyon 8C-36  | Producing   | SENE    | 36      | 9S-23E         | 2185 N  | 694 E   | 39.99358 | -109.26783 |
| 43047355590000  | Thurston Federal #12-1 | Producing   | SESW    | 12      | 12\$-21E       | 692 S   | 1959 W  | 39.78280 | -109.51768 |



NEW OPERATOR: Enduring Resources, LLC EFFECTIVE DATE: September 1st, 2005

| Well Name              | Q/Q     | Sec | Т   | R   | Lease<br>Number | Footages f/ Sec Lines - SL | API Number           | 1           |
|------------------------|---------|-----|-----|-----|-----------------|----------------------------|----------------------|-------------|
| Asphalt Wash 13-7      | SW/SW   | 7   | 113 | 24E | -UTU 73010      | 739' F9L & 029' FWL        | 43 047 36234         | 1           |
| Bonanza 16-18          | SE/SE   | 18  | 98  | 24E | UTU-73457       | 861' FSL & 715' FEL        | 43-047-35992         | 1           |
| Bonanza 4-11           | NW/NW   | 11  | 9\$ | 23E | UTU-74426       | 671' FNL & 729' FWL        | 43-047-35968         | 1           |
| Bonanza 10D-12         | NW/SE   | 12  | 98  | 23E | UTU-74426       | 1,785' FSL & 1,855' FEL    | 43-047-35919         | 1           |
| Bonanza 12-11          | NW/SW   | 11  | 98  | 23E | UTU-74426       | 1748' FSL & 420' FWL       | 43-047-35916         | 1           |
| Bonanza 14-18          | SE/SW   | 18  | 98  | 24E | UTU-73457       | 472' FSL & 2,010' FWL      | 43-047-35993         | 1           |
| Bonanza 14A-8          | SE/SW   | 8   | 98  | 24E | UTU-73457       | 907' FSL & 2,298' FWL      | 43-047-35952         | 1           |
| Bonanza 16A-27         | SE/SE   | 27  | 98  | 24E | UTU-80571       | 862' FSL & 581' FEL        | a 43-047-35923       | 1           |
| Bonanza 2-21           | NW/NE   | 21  | 88  | 25E | UTU-73470       | 1,207' FNL & 1,541' FEL    | 43-047-35926         | 1           |
| Bonanza 3-8            | NW/NW   | 8   | 98  | 24E | UTU-73457       | 573' FNL & 1,518' FWL      | 43-047-35966         | 1           |
| Bonanza 6D-7           | SE NW   | 7   | 98  | 24E | UTU-73457       | 2,310' FNL & 2,310' FWL    | 43-047-35690         | 1           |
| Bonanza 8-11           | SE/NE   | 11  | 95  | 23E | UTU-74426       | 2,163 FNL & 615' FEL       | 43-047-35907         | 1           |
| Bonanza 8B-27          | SE/NE   | 27  | 95  | 24E | UTU-80571       | 1,830' FNL & 735' FEL      | 43-047-35923         | 1           |
| Buck Camp 4-25         | NW/NW   | 25  | 115 | 22E | UTU-74424       | 804 FNL & 695 FWL          | 43-047-36276         | 1           |
| Buck Camp 4-26         | NW/NW   | 26  | 118 | 22E | UTU-74974       | 660' FNL & 660' FWL        | 43-047-36274         | 1           |
| Buck Canyon 1-24       | NE/NE   | 24  | 128 | 21E | UTU-73440       | 488' FNL & 833' FEL        | <b> 43-047-35606</b> | 1           |
| Buck Canyon 15-24      | - SW/SE | 24  | 126 | 21E | UTU 73440       | 780' FSL & 2,139' FEL      | 43-047-35905         | 1           |
| Buek-Canyon 7-24       | -SW/NE  | 24  |     |     | UTU-73440       | 2,041' FNL & 2,171' FEL    | 43-047-35904         | <b>-</b> [2 |
| Buck Canyon 9-24       | NE/SE   | 24  | 12S | 21E | UTU-73440       | 1784' ESL & 855' FEL       | 43-047-35903         |             |
| Rainbow 1-17           | NE/NE   | 17  | 115 | 24E | UTU-73920       | 795' FNL & 586' FEL        | 43-047-36151         | 7           |
| Southman Canyon #14-30 | SE/SW   | 30  | 98  | 24E | UTU-80571       | 740' FSL & 1,737' FWL      | 43-047-35914         | 1           |
| Southman Canyon #4C-30 | NW/NW   | 30  | 9\$ | 24E | UTU-80571       | 676' FNL & 568' FWL        | 43-047-35913         | 1           |
| Southman Canyon 12-30  | NW/SW   | 3D  | 98  | 24E | UTU-80571       | 1,912' FSL & 513' FWL      | 43-047-36104         | 1           |
| Southman Canyon 8-30   | SE/NE   | 30  | 98  | 24E | UTU-80571       | 1,875' FNL & 818' FEL      | 43-047-35994         | 1           |
| Southman Canyon 9-30   | NE/SE   | 30  | 98  | 24E | UTU-80571       | 2,089' FSL & 831' FEL      | 43-047-36019         | 1           |

\* 43047-35906 • 43047-35953

NEW OPERATOR: Enduring Resources, LLC EFFECTIVE DATE: September 1st, 2005

|                            | T      | r    | <del></del> |     | ····      | 1 =                     |                          |                  | 14/-11             |
|----------------------------|--------|------|-------------|-----|-----------|-------------------------|--------------------------|------------------|--------------------|
|                            | 0:0    | _    |             |     | Lease     | Footages f/ Sec Lines - | ADI Massala an           |                  | Well               |
| Well Name                  | Q/Q    | Sec  | T           | R   | Number    | SL.                     | API Number               | FIELD            | Туре               |
| Asphalt Wash 11-16-11-24   | NESW   | 16   | 115         | 24E | ML-73921  | 2000 FSL & 1900 FWL     | 43-047-37088             | Undesignated     | Gas                |
| Asphalt Wash 12-16-11-24   | NWSW   | 16   | 115         | 24E | ML-47080  | 2060 FSL & 839 FWL      | 43-047-36873             | Undesignated     | Gas                |
| Asphalt Wash 14-16-11-24   | SESW   | 16   | 115         | 24E |           | 537 F\$L & 2140 FWL     | 43-047-36876             | Undesignated     | Gas                |
| Asphalt Wash 3-16-11-24    | NENW   | 16   | 115         | 24E |           | 825 FNL & 2116 FWL      | 43-047-36886             | Undesignated     | Gas                |
| Asphalt Wash 4-16-11-24    | WWW    | 16   | 115         | 24E | ML-47080  | 521 FNL & 766 FWL       | 43-047-36885             | Undesignated     | Gas                |
| Asphalt Wash 5-16-11-24    | SWNW   | 16   | 115         | 24E | ML-47080  | 1880 FNL & 630 FWL      | 43-047-37089             | Undesignated     | Gas                |
| Asphalt Wash 7-16-11-24    | SWNE   | 16   | 118         | 24E | ML-47080  | 1781 FNL & 1676 FEL     | 43-047-36874             | Undesignated     | Gas                |
| Asphalt Wash 8-16-11-24    | SENE   | 16   | 118         | 24E | ML-47080  | 1905 FNL & 642 FEL      | 43-047-36875             | Undesignated     | Gas                |
| Bonanza 14-20              | SESW   | 20   | 98          | 25E | ML-45558  | 838' FSL & 1,922' FWL   | 43-047-35930             | Chapita Wells    | Gas                |
| Bonanza 4-20               | NWNW   | 20   | 98          | 25E | ML-45558  | 933' FNL & 583 FWL      | 43-047-35924             | Chapita Wells    | Gas                |
| Bonanza 4-29               | NWNW   | 29   | 9\$         | 25E | ML-45559  | 600' FNL & 596' FWL     | 43-047-36010             | Chapita Wells    | Gas                |
| Bonanza 4-36               | NWNW   | 36   | 98          | 24E | ML-46527  | 258' FNL & 862' FWL     | 43-047-35861             | Natural Buttes   | Gas                |
| Bonanza 6-20               | SENW   | 20   | 98          | 25E |           | 2,178' FNL & 1,839' FWL | 43-047-35928             | Chapita Wells    | Gas                |
| Buek Canyon 9-16-12-21     | NESE   | 16_  | 129         | 21F | ML-47085  | 1980' FSL & 660' FEL    | 43-047-37091             | Buck Canyon -    | - Cas              |
| Buck Canyon 11-16-12-21    | NESW   | 16   |             | 21W | ML-47085  | NA                      | 43-047-37119             | Undesignated     | Gas                |
| Buck Canyon 13-16-21-21    | SWSW   | 16   |             | 21W |           | NA                      | 43-047-37118             | Undesignated     | Gas                |
| Buck Canyon 15-16-12-21    | SWSE   | 16   | 128         | 21W |           | NA                      | 43-047-37120             | Buck Canyon      | Gas                |
| East Bench 1-16            | NENE   | 16   | 115         | 22E | ML-46911  | 660' FNL & 660' FEL     | 43-047-36126             | Undesignated     | Gas                |
| East Bench 15-16           | SWSE   | 16   | 115         | 22E | ML-46911  | 545' FSL & 1,848' FEL   | 43-047-36128             | Undesignated     | Gas                |
| East Bench 3-16            | NENW   | 16   | 115         | 22E | ML-46911  | 832' FNL & 1,978' FWL   | 43-047-36125             | Undesignated     | Gas                |
| East Bench 7-16            | SWNE   | 16   | 118         | 22E | ML-46911  | 1,909' FNL & 1,643' FEL | 43-047-36127             | Undesignated     | Gas                |
| East Bench 12-16-11-22     | NWSW   | 16   | 115         | 22E | ML-46911  | 1862 FSL & 838 FEL      | 43-047-37128             | Undesignated     | Gas                |
| East Bench 13-16-11-22     | SWSW   | 16   | 118         | 22E | ML-46911  | 880 FSL & 750 FWL       | 43-047-37130             | Undesignated     | Gas                |
| East Bench 14-16-11-22     | SESW   | 16   | 118         | 22E | ML-46911  | 848 FSL & 1930 FWL      | 43-047-37122             | Undesignated     | Gas                |
| East Bench 16-16-11-22     | SESE   | 16   | 118         | 22E | ML-46911  | 663 FSL & 1055 FEL      | 43-047-37121             | Undesignated     | Gas                |
| East Bench 2-16-11-22      | NWNE   | 16   | 115         | 22E | ML-46911  | 705 FNL & 2077 FEL      | 43-047-37125             | Undesignated     | Gas                |
| East Bench 4-16-11-22      | NWNW   | 16   | 115         | 22E | ML-46911  | 760 FNL & 860 FWL       | 43-047-37126             | Undesignated     | Gas                |
| East Bench 5-16-11-22      | SWNW   | 16   | 115         | 22E | ML-46911  | 1980 FNL & 758 FWL      | 43-047-37129             | Undesignated     | Gas                |
| East Bench 6-16-11-22      | SENW   | _16  | 115         | 22E | ML-46911  | 1887 FNL & 2138 FWL     | 43-047-37124             | Undesignated     | Gas                |
| East Bench 8-16-11-22      | SENE   | 16   | 118         | 22E | ML-46911  | 1880 FNL & 780 FEL      | 43-047-37127             | Undesignated     | Gas                |
| East Bench 9-16-11-22      | NESE   | 16   | 118         | 22E | ML-46911  | 2035 FSL & 1422 FEL     | 43-047-37123             | Undesignated     | Gas                |
| Gusher 6-2                 | - OENW | 2    | -68         | 19E | ML-49144  | 1550 FNL 1025 FWL       | <del>43-047-36963</del>  | - Moffit Canal   | <del>- 011 -</del> |
| Hanging Rock 1-32          | NENE   | 32   | 118         | 23E | ML-47079  | 542' FNL & 690' FEL     | 43-047-3630 <del>9</del> | Undesignated     | Gas                |
| Little Pack Mountain 1-16  | NWNW   | 16   | 128         | 20E | ML-47082  | 609 FNL & 688 FEL       | 43-047-36981             | Wildcat          | Gas                |
| Little Pack Mountain 7-32  | SWNE   | 32   | 128         | 20E | ML-47083  | 1792 FNL & 1797 FEL     | 43-047-36980             | Wildcat          | Gas                |
| Rock House 12-36-10-23     | NWSW   | 36   | 108         | 23E | ML-47907  | 1844 FSL & 755 FWL      | 43-047-36534             | Natural Buttes   | Gas                |
| Rock House 13-32-10-23     | SWSW   | 32   | 108         | 23E | ML-47063  | 564 FSL & 471 FWL       | 43-047-36411             | Natural Buttes   | Gas                |
| Rock House 1-36-10-22      | NENE   | 36   |             | 22E |           | 620 FNL & 850 FEL       | 43-047-36408             | Natural Buttes   | Gas                |
| Rock House 3-36-10-22      | NENW   | 36   | 105         | 22E | ML-47061  | 934 FNL & 1783 FWL      | 43-047-36407             | Natural Buttes   | Gas                |
| Rock House 4-32-10-23      | SWNW   | 32   | 108         | 23E | ML-47063  | 1406 FNL & 562 FWL      | 43-047-36412             | Natural Buttes   | Gas                |
| Rock House 7-36-10-22      | SWNE   | 36   | 108         | 22E | ML-47061  | 2209 FNL & 2445 FEL     | 43-047-36409             | Natural Buttes   | Gas                |
| Reek House 9-32-10-23      | NESE   | _32_ |             | 23E | ML_47063- | 2008 FSL & 1042 FEL     | 43-047-36327             | Natural Buttos   | Gas                |
| Rockhouse #13-36           | SWSW   | 36   | 108         | 22E | ML-46907  | 486 FSL & 844' FWL      | 43-047-35902             | Natural Buttes   | Gas                |
| Rockhouse 16-2             | SESE   | 2    |             | 23E | ML-47078  | 909' FSL & 748' FEL     | 43-047-36152             | Rockhouse        | Gas                |
| Seep Springs 10-13-12-24   | NWSE   | 13   | 128         | 24E | ML-49275  | 1950 FSL & 1802 FEL     | 43-047-36634             | Undesignated     | Gas                |
| Seep Springs 1-13-12-24    | NENE   | 13   | 128         | 24E | ML-49275  | 753 FNL & 487 FEL       | 43-047-36628             | Undesignated     | Gas                |
| Seep Springs 15-11-12-24   | SWSE   | 11   | 125         | 24E |           | 829 FSL & 2178 FEL      | 43-047-36626             | Undesignated     | Gas                |
| Seep Springs 15-13-12-24   | SWSE   | 13   | 128         | 24E | ML-49275  | 622 FSL & 1806 FEL      | 43-047-36630             | Undesignated     | Gas                |
| Seep Springs 16-11-12-24   | SESE   | 11   | 128         | 24E | ML-49274  | 659 FSL & 466 FEL       | 43-047-36625             | Undesignated     | Gas                |
| Seep Springs 16-13-12-24   | SESE   | 13   | 128         | 24E | ML 49275  | 686 FSL & 640 FEL       | 43-047-36629             | Undesignated     | Gas                |
| Seep Springs 2-13-12-24    | NWNE   | 13   | 125         | 24E |           | 465 FNL & 1807 FEL      | 43-047-36627             | Undesignated     | Gas                |
| Seep Springs 7-13-12-24    | SWNE   | 13   | 125         | 24E | ML-49275  | FNL & FEL               | 43-047-36631             | Undesignated     | Gas                |
| Seep Springs 8-13-12-24    | SENE   | 13   | 128         | 24E | ML-49275  | 1969 FNL & 642 FEL      | 43-047-36632             | Undesignated     | Gas                |
| Seep Springs 9-13-12-24    | NESE   | 13   | 125         | 24E | ML-49275  | 663 FSL & 1960 FEL      | 43-047-36633             | Undesignated     | Gas                |
| Southman Canyon 11-36-9-23 | NESW   | 36   | 98          | 23E | MI -47782 | 1965 FSL & 1953 FWL     | 43-047-36535             | Natural Buttes   | Ges                |
| Southmen Canyon 13-36-9-23 | SWSW   | 36   | -00         | 235 | MI -47782 | 467 FSL & 023 FWL       | 43-047-36532             | - Natural Buttes | -Cas               |

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NEW OPERATOR: Enduring Resources, LLC EFFECTIVE DATE: September 1st, 2005

| Well Name                  | Q/Q  | Sec | Т  | R   | Le <b>ase</b><br>Number | Footages f/ Sec Lines -<br>SL | API Number   | FIELD          | Well<br>Type |
|----------------------------|------|-----|----|-----|-------------------------|-------------------------------|--------------|----------------|--------------|
| Southman Canyon 1-36-9-23  | NENE | 36  | 95 | 23E | ML-47782                | 681 FNL & 496 FEL             | 43-047-36537 | Natural Buttes | Gas          |
| Southman Canyon 15-36-9-23 | SWSE | 36  | 98 | 23E | ML-47782                | 529 FSL & 1784 FEL            | 43-047-36529 | Natural Buttes | Gas          |
| Southman Canyon 3-36-9-23  | NENW | 36  | 98 | 23E | ML-47782                | 464 FNL & 1815 FWL            | 43-047-36530 | Natural Buttes | Gas          |
| Southman Canyon 5-36-9-23  | SWNW | 36  | 98 | 23E | ML-47782                | 2028 FNL & 499 FWL            | 43-047-36531 | Natural Buttes | Gas          |
| Southman Canyon 7-36-9-23  | SENE | 36  | 98 | 23E | ML-47782                | 2184 FNL & 1994 FEL           | 43-047-36536 | Natural Buttes | Gas          |
| Southman Canyon 9-36-9-23  | NESE | 36  | 98 | 23E | ML-47782                | 1978 FNL & 657 FEL            | 43-047-36533 | Natural Buttes | Gas          |

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NEW OPERATOR: Enduring Resources, LLC EFFECTIVE DATE: September 1st, 2005

|                         |       |     |      |      | Lease     | Footages f/ Sec Lines - |              |
|-------------------------|-------|-----|------|------|-----------|-------------------------|--------------|
| Well Name               | Q/Q   | Sec | Т    | R    | Number    | SL                      | API Number   |
| Asphalt Wash 13-6       | SW/SW | 6   | 116  | 24E  | UTU-73919 | 400' FSL & 550' FWL     |              |
| Asphalt Wash 10-9-11-24 | NW SE | 9   | 118  | 24E  | UTU-73920 | 1846 FSL & 1942 FEL     | 43-047-37071 |
| Asphalt Wash 11-9-11-24 | NE SW | 9   | 11\$ | 24E  | UTU-73920 | 1799 FSL & 1782 FWL     | 43-047-37073 |
| Asphalt Wash 12-6-11-24 | NW SW | 6   | 118  | 24E  | UTU-73919 | 1844 FSL & 683 FWL      | 43-047-37066 |
| Asphalt Wash 14-6-11-24 | SE SW | 6   | 118  | 24E  | UTU-73919 | 704 FSL & 2123 FWL      | 43-047-37067 |
| Asphalt Wash 14-9-11-24 | SE SW | 9   | 115  | 24E  | UTU-73920 | 460 FSL & 2115 FWL      | 43-047-37076 |
| Asphalt Wash 15-9-11-24 | SW SE | 9   | 115  | 24E  | UTU-73920 | 804 FSL & 1990 FEL      | 43-047-37074 |
| Asphalt Wash 16-9-11-24 | SE SE | 9   | 118  | 24E  | UTU-73920 | 826 FSL & 472 FEL       | 43-047-37075 |
| Asphalt Wash 2-6-11-24  | NW NE | 60  | 115  | 24E  | UTU-73919 | 735 FNL & 1590 FEL      | 43-047-37061 |
| Asphalt Wash 2-7-11-24  | NW NE | 7   | 11S  | 24E  | UTU-73919 | 621 FNL & 2462 FEL      | 43-047-37068 |
| Asphalt Wash 2-9-11-24  | NW NE | 9   | 115  | 24E  | UTU-73920 | 829 FNL & 1774 FEL      | 43-047-37070 |
| Asphalt Wash 3-6-11-24  | NE NW | 6   | 118  | 24E  | UTU-73919 | 792 FNL & 1925 FWL      | 43-047-37062 |
| Asphalt Wash 4-6-11-24  | NW NW | 6   | 118  | 24E  | UTU-73919 | 820 FNL & 1007 FWL      | 43-047-37063 |
| Asphait Wash 5-6-11-24  | SW NW | 6   | 115  | 24E  | UTU-73919 | 1738 FNL & 716 FWL      | 43-047-37064 |
| Asphalt Wash 6-7-11-24  | SE NW | 7   | 118  | 24E  | UTU-73919 | 2013 FNL & 2241 FWL     | 43-047-37069 |
| Asphalt Wash 7-6-11-24  | SW NE | 6   | 118  | 24E  | UTU-73919 | 1616 FNL & 1615 FEL     | 43-047-37065 |
| Asphalt Wash 7-9-11-24  | SE NE | 9   | 118  | 24E  | UTU-73920 | 1883 FNL & 1854 FEL     | 43-047-37072 |
| Asphalt Wash 1-7-11-24  | NE NE | 7   | 118  | 24E  | UTU-73919 | 426 FNL & 270 FEL       | 43-047-37084 |
| Asphalt Wash 4-7-11-24  | NW NW | 7   | 115  | 24E  | UTU-73919 | 856 FNL & 860 FWL       | 43-047-37085 |
| Asphalt Wash 7-7-11-24  | SW NE | 7   | 118  | 24E  | UTU-73919 | 1909 FNL & 1893 FEL     | 43-047-37087 |
| Asphalt Wash 8-7-11-24  | SE NE | 7   | 115  | 24E  | UTU-73919 | 1998 FNL & 683 FEL      | 43-047-37086 |
| Bonanza 4-7             | NW/NW | 7   | 98   | 24E  | UTU-73457 | 809' FNL & 670' FWL     | 43-047-36017 |
| Bonanza 8-17            | SW/NE | 17  | 98   | 24E  | UTU-73457 | 1865' FNL & 584' FEL    | 43-047-36041 |
| Bonanza 11-11-9-23      | NE SW | 11  | 98   | 23E  | UTU-74426 | 2036 FSL & 2043 FWL     | 43-047-36649 |
| Bonanza 11-12-9-23      | NE SW | 12  | 98   | 23E  | UTU-74426 | 1799 FSL & 1948 FWL     | 43-047-36655 |
| Bonanza 11-18-9-24      | NE SW | 18  | 98   | 24E  | UTU-73457 | 1785 FSL & 2133 FWL     | 43-047-36637 |
| Bonanza 12-23-9-24      | NW/SW | 23  | 98   | 24E  | UTU-81311 | 1882 FSL & 699 FWL      | 43-047-36640 |
| Bonanza 12-35           | NW/SW | 35  | 98   | 24E  | UTU 73459 | 1374' FSL & 858' FWL    | 43-047-36020 |
| Bonanza 13-11-9-23      | SWSW  | 11  | 98   | 23E  | UTU-74426 | 463 FSL & 773 FWL       | 43-047-36650 |
| Bonanza 13-12-9-23      | SW SW | 12  | 98   | 23E  | UTU-74426 | 661 FSL & 656 FWL       | 43-047-36528 |
| Bonanza 13-18-9-24      | SW SW | 18  | 98   | 24E  | UTU-73457 | 767 FSL & 583 FWL       | 43-047-36638 |
| Bonanza 14-11-9-23      | SE SW | 11  | 98   | 23E  | UTU-74426 | 756 FSL & 1859 FWL      | 43-047-36651 |
| Bonanza 14-23-9-24      | SE/SW | 23  | 98   | 24E  | UTU-81311 | 560 FSL & 1878 FWL      | 43-047-36641 |
| Bonanza 15-11-9-23      | SW SE | 11  | 98   | 23E  | UTU-74426 | 660 FSL & 1980 FEL      | 43-047-36652 |
| Bonanza 15-12-9-23      | SW SE | 12  | 98   | 23E  | UTU-74426 | 607 FSL & 1920 FEL      | 43-047-36656 |
| Bonanza 15-18-9-24      | SW SE | 18  | 98   | 24E' | UTU-73457 | 463 FSL & 2162 FEL      | 43-047-36639 |
| Bonanza 16-12-9-23      | SE SE | 12  | 98   | 23E  | UTU-74426 | 855 FSL & 536 FEL       | 43-047-36657 |
| Bonanza 16-8            | SE/SE | 8   | 98   | 24E  | UTU-73457 | 588' FSL & 524' FEL     | 43-047-36101 |
| Bonanza 2-11-9-23       | NW NE | 11  | 98   | 23E  | UTU 74426 | 664 FNL & 1925 FEL      | 43-047-36643 |
| Bonanza 2-12-9-23       | NW NE | 12  | 98   | 23E  | UTU-74426 | 743 FNL & 1962 FEL      | 43-047-36527 |
| Bonanza 3-11-9-23       | NE NW | 11  | 98   | 23E  | UTU 74426 | 499 FNL & 1898 FWL      | 43-047-36644 |
| Bonanza 3-12-9-23       | NENW  | 12  | 98   | 23E  | UTU-74426 | 734 FNL & 1866 FWL      | 43-047-36524 |
| Bonanza 4-35            | NW/NW | 35  | 98   | 24E  | UTU 73459 | 789' FNL & 807' FWL     | 43-047-35925 |
| Bonanza 5-11-9-23       | SWNW  | 11  | 98   | 23E  | UTU 74426 | 1794 FNL & 609 FWL      | 43-047-36645 |

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|                             |       |     |      |     | Lease                 | Footages f/ Sec Lines - |                           |
|-----------------------------|-------|-----|------|-----|-----------------------|-------------------------|---------------------------|
| Well Name                   | Q/Q   | Sec | Т    | R   | Number                | SL                      | API Number                |
| Bonanza 5-12-9-23           | SW NW | 12  | 98   | 23E | UTU-74426             | 1996 FNL & 558 FWL      | 43-047-36526              |
| Bonanza 5-18-9-24           | SW NW | 18  | 98   | 24E | UTU-73457             | 2147 FNL & 662 FWL      | 43-047-36635              |
| Bonanza 5-22                | SW/NW | 22  | 88   | 25E | UTU-73470             | 1,932' FNL & 415' FWL   | 43-047-35918              |
| Bonanza 5-24-9-24           | SW/NW | 24  | 98   | 24E | UTU-73458             | 2167 FNL & 714 FWL      | 43-047-36642              |
| Bonanza 6-11-9-23           | SE NW | 11  | 98   | 23E | UTU-74426             | 2069 FNL & 1801 FWL     | 43-047-36646              |
| Bonanza 6-12-9-23           | SE NW | 12  | 98   | 23E | UTU-74426             | 2114 FNL & 1871 FWL     | 43-047-36525              |
| Bonanza 7-11-9-23           | SW NE | 11  | 98   | 23E | UTU-74426             | 2060 FNL & 2134 FEL     | 43-047-36647              |
| Bonanza 7-12-9-23           | SW NE | 12  | 98   | 23E | UTU-74426             | 2065 FNL & 2159 FEL     | 43-047-36653              |
| Bonanza 8-35                | SENE  | 35  | 98   | 24E | UTU-73459             | 1987' FNL & 909' FEL    | 43-047-36105              |
| Bonanza 9-11-9-23           | NE SE | 11  | 98   | 23E | UTU-74426             | 2008 FSL & 553 FEL      | 43-047-36648              |
| Bonanza 9-12-9-23           | NE SE | 12  | 98   | 23E | UTU-74426             | 1980 FSL & 660 FEL      | 43-047-36654              |
| Bonanza 9-18-9-24           | NE SE | 18  | 98   | 24E | UTU-73457             | 2009 FSL & 852 FEL      | 43-047-36636              |
| Bonanza 9-22                | NE/SE | 22  | 98   | 24E | UTU-75118             | 1,969' FSL & 495' FEL   | 43-047-36102              |
| East Bench 9-20             | NE/SE | 20  | 115  | 22E | UTU-73905             | 2,170' FSL & 472' FEL   | 43-047-36275              |
| Rock House 12-30-10-23      | NE SW | 30  | 108  | 23E | UTU-76281             | 2320 FSL & 1980 FWL     | 43-047-36548              |
| Rock House 12-31-10-23      | NW SW | 31  | 108  | 23E | UTU-76281             | 1900 FSL & 460 FWL      | 43-047-36552              |
| Rock House 13-30-10-23      | SW SW | 30  | 108  | 23E | UTU-76281             | 553 FSL & 573 FWL       | 43-047-36549              |
| Rock House 14-31-10-23      | SE SW | 31  | 108  | 23E | UTU-76281             | 860 FSL & 1890 FWL      | 43-047-36553              |
| Rock House 3-31-10-23       | NE NW | 31  | 108  | 23E | UTU-76281             | 854 FNL & 1940 FWL      | 43-047-36551              |
| Rock House 5-30-10-23       | SW NW | 30  | 108  | 23E | UTU-76281             | 1858 FNL & 703 FWL      | 43-047-36547              |
| Rock House 5-31-10-23       | SW NW | 31  | 108  | 23E | UTU-76281             | 2055 FNL & 2097 FWL     | 43-047-36550              |
| Rock House 6-31-10-23       | SE NW | 31  | 108  | 23E | UTU-76281             | 2059 FNL & 2111 FWL     | 43-047-36554              |
| Reckhouse #12-30            | NW/SW | -30 | 106  | 23E | <del>-UTU-80571</del> | 1,980' F3L & 060' FWL   | <del>43-047-3601</del> 8火 |
| Rockhouse 13C-31            | SW/SW | 31  | 108  | 23E | UTU-76281             | 135' FSL & 365' FWL     | 43-047-35911              |
| Rockhouse 4D-30             | NW NW | 30  | 105  | 23E | UTU-76281             | 1,116 FNL & 1,135' FWL  | 43-047-35882              |
| Rockhouse 4D-31             | NW NW | 31  | 108  | 23E | UTU-76281             | 990' FNL & 990' FWL     | 43-047-35807              |
| Southman Canyon 12-3-11-24  | NW/SW | 3   | 115  | 24E | UTU-73918             | 1,950' FSL & 514' FWL   | 43-047-36272              |
| Southman Canyon 12-30-10-24 | NW/SW | 30  | 10\$ | 24E | UTU-65371             | 2,118' FSL & 502' FWL   | 43-047-36238              |
| Southman Canyon 13-30       | SW/SW | 30  | 98   | 24E | UTU-80571             | 765' FSL & 303' FWL     | 43-047-36018              |
| Southman Canyon 16-31-10-24 | SE/SE | 31  | 108  | 24E | UTU-65371             | 621' FSL & 575' FEL     | 43-047-36270              |
| Southman Canyon 4-30-10-24  | NW/NW | 30  | 108  | 24E | UTU 65371             | 649' FNL & 607' FWL     | 43-047-36237              |
| Southman Canyon 5-19-10-24  | SW/NW | 19  | 108  | 24E | UTU-65371             | 1,978' FNL & 855' FWL   | 43-047-36236              |
| Southman Canyon 6-30        | SE/NW | 30  | 9\$  | 24E | UTU-80571             | 2,015' FNL & 2,581' FWL | 43-047-36103              |

x Duplicate API -Different Well name

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### **OPERATOR CHANGE WORKSHEET**

ROUTING 1. DJJ 2. CDW

## X Change of Operator (Well Sold)

Designation of Agent/Operator

Operator Name Change

Merger

| The operator of the well(s) listed below has changed, effective:                                                                                                   |                    |           | 9/1/2005      |                               |                                                  |                        |              |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------|---------------|-------------------------------|--------------------------------------------------|------------------------|--------------|----------------|
| FROM: (Old Operator):                                                                                                                                              | <b>TO:</b> ( New C | perator): |               |                               |                                                  |                        |              |                |
| N2525-The Houston Exploration Company                                                                                                                              |                    |           |               | N2750-Enduring Resources, LLC |                                                  |                        |              |                |
| 1100 Louisiana, Suite 2000                                                                                                                                         |                    |           |               | 1                             | th Street, Su                                    | •                      |              |                |
| Houston, TX 77002                                                                                                                                                  |                    |           |               | r, CO 80202                   |                                                  |                        |              |                |
| Phone: 1-(713) 830-6938                                                                                                                                            |                    |           | Phone: 1-(303 | ) 350-5102                    |                                                  |                        |              |                |
| CA N                                                                                                                                                               | Vo.                |           |               | Unit:                         |                                                  | BON                    | NANZA        |                |
| WELL(S)                                                                                                                                                            |                    |           |               |                               | · · ·                                            |                        | ··········   |                |
| NAME                                                                                                                                                               | SEC                | TWN       | RNG           | API NO                        | ENTITY<br>NO                                     | LEASE<br>TYPE          | WELL<br>TYPE | WELL<br>STATUS |
| BONANZA 5-24-9-24                                                                                                                                                  | 24                 | 090S      | 240E          | 4304736642                    |                                                  | Federal                | GW           | APD            |
| CARTWRIGHT 2                                                                                                                                                       | 35                 | 090S      |               | 4304734815                    | 14489                                            | Federal                | GW           | TA             |
| BONANZA 4-35                                                                                                                                                       | 35                 |           |               | 4304735925                    | ····                                             | Federal                | GW           | APD            |
| BONANZA 12-35                                                                                                                                                      | 35                 | 090S      |               | 4304736020                    |                                                  | Federal                | GW           | APD            |
| BONANZA 8-35                                                                                                                                                       | 35                 |           |               | 4304736105                    |                                                  | Federal                | GW           | APD            |
| BONANZA 6-36                                                                                                                                                       | 36                 |           |               | 4304735860                    | 14429                                            |                        | GW           | P              |
| BONANZA 4-36                                                                                                                                                       | 36                 |           |               | 4304735861                    |                                                  | State                  | GW           | APD            |
| LITTLE JOE 1                                                                                                                                                       | 07                 | 090S      | 250E          | 4304734814                    | 14488                                            | Federal                | GW           | TA             |
| HOSS 15                                                                                                                                                            | 20                 | 090S      |               | 4304734756                    | 13675                                            |                        | GW           | P              |
| BONANZA 4-20                                                                                                                                                       | 20                 | 090S      | 250E          | 4304735924                    |                                                  | State                  | GW           | APD            |
| BONANZA 6-20                                                                                                                                                       | 20                 | 090S      | 250E          | 4304735928                    |                                                  | State                  | GW           | APD            |
| BONANZA 12-20                                                                                                                                                      | 20                 | 090S      |               | 4304735929                    | 14873                                            |                        | GW           | DRL            |
| BONANZA 14-20                                                                                                                                                      | 20                 | 090S      |               | 4304735930                    |                                                  | State                  | GW           | APD            |
| BONANZA 4-29                                                                                                                                                       | 29                 | 090S      | 250E          | 4304736010                    |                                                  | State                  | GW           | APD            |
|                                                                                                                                                                    | _                  |           |               |                               |                                                  |                        |              | <u> </u>       |
|                                                                                                                                                                    |                    |           |               |                               |                                                  |                        |              |                |
|                                                                                                                                                                    |                    |           |               |                               | ļ <u>.</u>                                       |                        |              |                |
|                                                                                                                                                                    | <del></del>        |           |               |                               |                                                  | <u> </u>               | <del> </del> |                |
|                                                                                                                                                                    |                    |           | <u> </u>      | <u></u> _                     | <del>                                     </del> |                        | <del> </del> |                |
|                                                                                                                                                                    |                    | 1         |               |                               | 1                                                |                        | 1            |                |
| OPERATOR CHANGES DOCUMENT Enter date after each listed item is completed 1. (R649-8-10) Sundry or legal documentation 2. (R649-8-10) Sundry or legal documentation | was rec            | eived f   |               | _                             |                                                  | 9/26/200:<br>9/26/200: | -            |                |
| 3. The new company was checked on the Department                                                                                                                   | artment            | of Cor    | nmerce        | , Division of C               | orporations                                      | Database               | on:          | 9/29/2005      |
| 4. Is the new operator registered in the State of                                                                                                                  |                    |           |               | Business Num                  | _                                                | 771233-01              |              |                |
| 5. If NO, the operator was contacted contacted                                                                                                                     |                    |           |               | •                             | -<br>-                                           |                        |              |                |
| 6a. (R649-9-2)Waste Management Plan has beer                                                                                                                       | n receive          | ed on:    |               |                               | Requested                                        | 9/29/05                |              |                |
| 6b. Inspections of LA PA state/fee well sites con                                                                                                                  |                    |           |               |                               | - Auducsieu                                      | アルショゼン                 |              |                |
| o. Anspections of LATA statisfies complete on.                                                                                                                     |                    |           |               |                               |                                                  |                        |              |                |

| 7. | rederal and Indian Lease Wells: The BLM and or the BIA has approved the merger, name change, or operator change for all wells listed on Federal or Indian leases on:  BLM not yet  BIA n/a |                 |                    |               |                              |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|---------------|------------------------------|--|
| 8. | Federal and Indian Units:  The BLM or BIA has approved the successor of unit operator for wells listed on:not yet                                                                          |                 |                    |               |                              |  |
| 9. | Federal and Indian Communization Agreements (" The BLM or BIA has approved the operator for all wells listed w                                                                             | -               |                    | n/a           |                              |  |
| 10 | . Underground Injection Control ("UIC") The Di<br>Inject, for the enhanced/secondary recovery unit/project for the wa                                                                      |                 |                    |               | nsfer of Authority to<br>n/a |  |
| D/ | ATA ENTRY:                                                                                                                                                                                 |                 | ·· <u>·</u> ······ |               |                              |  |
| 1. | Changes entered in the Oil and Gas Database on:                                                                                                                                            | 9/29/2005       | •                  |               |                              |  |
| 2. | Changes have been entered on the Monthly Operator Change Sp                                                                                                                                | oread Sheet on: |                    | 9/29/2005     | <u>.</u>                     |  |
| 3. | Bond information entered in RBDMS on:                                                                                                                                                      | 9/30/2005       |                    |               |                              |  |
| 4. | Fee/State wells attached to bond in RBDMS on:                                                                                                                                              | 9/30/2005       |                    |               |                              |  |
| 5. | Injection Projects to new operator in RBDMS on:                                                                                                                                            | п/а             | •                  |               |                              |  |
| 6. | Receipt of Acceptance of Drilling Procedures for APD/New on:                                                                                                                               |                 | 9/26/2005          |               |                              |  |
| F  | DERAL WELL(S) BOND VERIFICATION:                                                                                                                                                           | <del> </del>    |                    |               |                              |  |
| 1. | Federal well(s) covered by Bond Number:                                                                                                                                                    | UTB000173       | •                  |               |                              |  |
| IN | DIAN WELL(S) BOND VERIFICATION:                                                                                                                                                            |                 |                    |               |                              |  |
| 1. | Indian well(s) covered by Bond Number:                                                                                                                                                     | n/a             | •                  |               |                              |  |
|    | E & STATE WELL(S) BOND VERIFICATION:                                                                                                                                                       |                 |                    |               |                              |  |
| 1. | (R649-3-1) The NEW operator of any fee well(s) listed covered by                                                                                                                           | y Bond Number   |                    | RLB000803     | <del>-</del>                 |  |
|    | The FORMER operator has requested a release of liability from the Division sent response by letter on:                                                                                     | eir bond on:    | n/a                | -             |                              |  |
|    | CASE INTEREST OWNER NOTIFICATION: (R649-2-10) The FORMER operator of the fee wells has been con of their responsibility to notify all interest owners of this change on                    |                 | ned by a le        | tter from the | Division                     |  |
| CC | PMMENTS:                                                                                                                                                                                   |                 |                    |               |                              |  |
|    |                                                                                                                                                                                            |                 |                    |               |                              |  |
|    |                                                                                                                                                                                            |                 | <u></u>            | <del></del>   |                              |  |
|    |                                                                                                                                                                                            |                 |                    |               |                              |  |
|    |                                                                                                                                                                                            |                 |                    |               |                              |  |
|    |                                                                                                                                                                                            |                 |                    |               |                              |  |

9/29/2005

6c. Reports current for Production/Disposition & Sundries on:



# State of Utah DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER
Executive Director

Division of Oil, Gas and Mining

JOHN R. BAZA
Division Director

July 30, 2008

CERTIFIED MAIL NO.: 7004 2510 0004 1824 5834

Mr. Alvin Arlian Enduring Resources, LLC 475 17<sup>th</sup> Street, Suite 1500 Denver, CO 80202 43 047 34756 Hoss 9-25-34-20 95 25E 20

Re:

Extended Shut-in and Temporarily Abandoned Requirements for Wells on Fee or State

Leases

Dear Mr. Arlian:

Enduring Resources, LLC has eighteen (18) Fee Lease Wells and eleven (11) Mineral Lease Wells (see attachment A) that are currently in non-compliance for extended shut-in and temporary abandonment (SI/TA) status. Wells SI/TA beyond twelve (12) consecutive months require the filing of a Sundry Notice in accordance with R649-3-36-1 for Utah Division of Oil, Gas & Mining ("Division") approval. Wells with five (5) years non-activity or non-productivity shall be plugged, unless the Division grants approval for extended shut-in time upon a showing of good cause by the operator (R649-3-36-1.3.3).

This is a second notice of non-compliance for wells 1 through 14 listed on Attachment A. The Division notified the previous operators, TCC Royalty, Ranken Energy, Mak-J Energy and Houston Exploration, on several occasions by certified mail about these wells non-compliance issues. Several plans to produce or plug were submitted, but no action has been taken to date on these wells. It has also come to the Divisions attention that Enduring no longer holds a valid lease for the DWR wells (wells 1 through 9 on Attachment A). Immediate action is required on these wells. The Division feels that sufficient time has passed to make a decision on these wells. Please submit your plans to produce or plug these wells. If this is not addressed within 30 days, a Notice of Violation will be issued for these wells. A similar response is required for the other fifteen wells listed in Attachment A.



Page 2 Mr. Arlian July 30, 2008

For extended SI/TA consideration the operator shall provide the Division with the following:

- 1. Reasons for SI/TA of the well (R649-3-36-1.1).
- 2. The length of time the well is expected to be SI/TA (R649-3-36-1.2), and
- An explanation and supporting data if necessary, for showing the well has integrity, meaning that the casing, cement, equipment condition, static fluid level, pressure, existence or absence of Underground Sources of Drinking Water and other factors do not make the well a risk to public health and safety or the environment (R649-3-36-1.3)

Submitting the information suggested below may help show well integrity and may help qualify your well for extended SI/TA. Note: As of July 1, 2003, wells in violation of the SI/TA rule R649-3-36 may be subject to full cost bonding (R649-3-1-4.2, 4.3).

- 1. Wellbore diagram, and
- 2. Copy of recent casing pressure test, and
- 3. Current pressures on the wellbore (tubing pressure, casing pressure, and casing/casing annuli pressure) showing wellbore has integrity, and
- 4. Fluid level in the wellbore, and
- 5. An explanation of how the submitted information proves integrity.

If the required information is not received within 30 days of the date of this notice, further actions will be initiated. If you have any questions concerning this matter, please contact me at (801) 538-5281.

Sincerely

Dustin K. Doučet

Petroleum Engineer

JP:js Enclosure

cc: Compliance File

Well File

Jim Davis, SITLA

## Attachment A

|    | Well Name                | API        | Lease<br>Type | Years Inactive    |
|----|--------------------------|------------|---------------|-------------------|
| 1  | DWR 12-23-13-22          | 4304733345 | FEE           | 7 YEARS 6 MONTHS  |
| 2  | DWR 12-23-34-16          | 4304733346 | FEE           | 7 YEARS 3 MONTHS  |
| 3  | DWR 12-23-41-21          | 4304733480 | FEE           | 8 YEARS 1 MONTH   |
| 4  | DWR 12-23-13-28          | 4304733481 | FEE           | 7 YEARS 8 MONTHS  |
| 5  | DWR 12-23-24-16          | 4304733482 | FEE           | 8 YEARS 1 MONTH   |
| 6  | DWR 12-23-24-28          | 4304733483 | FEE           | 7 YEARS 8 MONTHS  |
| 7  | DWR 12-23-31-21          | 4304733484 | FEE           | 8 YEARS 2 MONTHS  |
| 8  | DWR 12-23-42-29          | 4304733487 | FEE           | 7 YEARS 11 MONTHS |
| 9  | DWR 12-23-44-16          | 4304733489 | FEE           | 7 YEARS 8 MONTHS  |
| 10 | QUEST 11-25-13-21        | 4304733935 | FEE           | 4 YEARS 6 MONTHS  |
| 11 | QUEST 11-25-24-10        | 4304734118 | FEE           | 7 YEARS 0 MONTHS  |
| 12 | QUEST 11-25-31-28        | 4304735310 | FEE           | 4 YEARS 4 MONTHS  |
| 13 | QUEST 11-25-34-21        | 4304735297 | FEE           | 4 YEARS 4 MONTHS  |
| 14 | QUEST 11-25-11-27        | 4304735298 | FEE           | 4 YEARS 5 MONTHS  |
| 15 | QUEST 11-25-14-22        | 4304735299 | FEE           | 2 YEARS 9 MONTHS  |
| 16 | HOSS 9-25-34-20          | 4304734756 | ML-45558      | 2 YEARS 7 MONTHS  |
| 17 | BONANZA 9-24-22-36       | 4304735860 | ML-46527      | 2 YEARS 6 MONTHS  |
| 18 | BONANZA 9-24-11-36       | 4304735861 | ML-46527      | 1 YEAR 5 MONTHS   |
| 19 | BONANZA 9-25-13-20       | 4304735929 | ML-45558      | 2 YEARS 11 MONTHS |
| 20 | RAINBOW 11-24-31-16      | 4304736184 | ML-47080      | 1 YEAR 1 MONTH    |
| 21 | SOUTHAM CYN 10-25-21-32  | 4304736421 | ML 47065      | 1 YEAR 10 MONTHS  |
| 22 | AGENCY DRAW 12-21-31-36  | 4304736424 | ML 47086      | 2 YEARS 1 MONTH   |
| 23 | BONANZA 9-24-32-22       | 4304736753 | FEE           | 2 YEARS 6 MONTHS  |
| 24 | ARCHY BENCH 12-23-22-16  | 4304736800 | ML-48957      | 2 YEARS 0 MONTHS  |
| 25 | ARCHY BENCH 11-24-24-32  | 4304736819 | ML-49762      | 1 YEAR 4 MONTHS   |
| 26 | ASPHALT WASH 11-24-42-16 | 4304736875 | ML47080       | 2 YEARS 2 MONTHS  |
| 27 | SOUTHAM CYN 9-24-23-36   | 4304736880 | FEE           | 1 YEARS 1 MONTH   |
| 28 | SOUTHAM CYN 10-25-11-6   | 4304736933 | FEE           | 1 YEAR 3 MONTHS   |
| 29 | BUCK CYN 12-21-43-16     | 4304737091 | ML-47085      | 2 YEARS 9 MONTHS  |

|       |                                                              | STATE OF UTAH                                                                                           | N IDOEC                |                                          |          | FORM 9                                               |
|-------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|----------|------------------------------------------------------|
| ٠     |                                                              | DEPARTMENT OF NATURAL RESC<br>DIVISION OF OIL, GAS AND I                                                |                        |                                          |          | SE DESIGNATION AND SERIAL NUMBER: 45558              |
|       | SUNDR                                                        | Y NOTICES AND REPOR                                                                                     | TS ON WE               | LLS                                      | 6. 1F IN | IDIAN, ALLOTTEE OR TRIBE NAME:                       |
| Do r  | not use this form for proposals to drill<br>drill horizontal | I new wells, significantly deepen existing wells below<br>I laterals. Use APPLICATION FOR PERMIT TO DRI | current bottom-hole de | epth, reenter plugged wells, or to sals. | 7. UNI   | F or CA AGREEMENT NAME:<br>anza Unit                 |
| 1. TY | PE OF WELL OIL WELL                                          |                                                                                                         |                        |                                          |          | L NAME and NUMBER:                                   |
| 2 N/  | AME OF OPERATOR:                                             |                                                                                                         |                        |                                          |          | s 9-25-34-20                                         |
|       | during Resources, LL0                                        | C                                                                                                       |                        |                                          | l l      | 4734756                                              |
|       | DDRESS OF OPERATOR:                                          | 2                                                                                                       |                        | PHONE NUMBER:                            |          | LD AND POOL, OR WILDCAT:                             |
|       | 17th Street, Suite 1500 CI                                   | Denver STATE CO                                                                                         | ZIP 80202              | (303) 350-5114                           | VVIII    | dcat                                                 |
|       | DOTAGES AT SURFACE: 1291                                     | 'FSL - 2088' FEL                                                                                        |                        |                                          | COUNT    | y: Uintah                                            |
| Q.    | TR/QTR, SECTION, TOWNSHIP, RA                                | ANGE, MERIDIAN: SWSE 20 9S                                                                              | 25E S                  |                                          | STATE    | UTAH                                                 |
| 11.   | CHECK APP                                                    | PROPRIATE BOXES TO INDICA                                                                               | ATE NATURE             | OF NOTICE, REP                           | ORT, O   | R OTHER DATA                                         |
|       | TYPE OF SUBMISSION                                           |                                                                                                         |                        | TYPE OF ACTION                           |          |                                                      |
| _/    |                                                              | ACIDIZE                                                                                                 | DEEPEN                 |                                          |          | REPERFORATE CURRENT FORMATION                        |
|       | NOTICE OF INTENT<br>(Submit in Duplicate)                    | ALTER CASING                                                                                            | FRACTUR                | E TREAT                                  | · 🗀      | SIDETRACK TO REPAIR WELL                             |
|       | Approximate date work will start:                            | CASING REPAIR                                                                                           | NEW CO                 | ISTRUCTION                               |          | TEMPORARILY ABANDON                                  |
|       |                                                              | CHANGE TO PREVIOUS PLANS                                                                                | OPERATO                | R CHANGE                                 |          | TUBING REPAIR                                        |
|       |                                                              | CHANGE TUBING                                                                                           | PLUG AN                | O ABANDON                                |          | VENT OR FLARE                                        |
|       | SUBSEQUENT REPORT                                            | CHANGE WELL NAME                                                                                        | PLUG BA                | СК                                       | . 🔲      | WATER DISPOSAL                                       |
|       | (Submit Original Form Only)                                  | CHANGE WELL STATUS                                                                                      | PRODUC                 | TION (START/RESUME)                      |          | WATER SHUT-OFF                                       |
|       | Date of work completion:                                     | COMMINGLE PRODUCING FORMATION                                                                           | NS RECLAMA             | TION OF WELL SITE                        | <b>✓</b> | отнея: Well Status Report                            |
|       |                                                              | CONVERT WELL TYPE                                                                                       | RECOMP                 | ETE - DIFFERENT FORMATION                | ١.       |                                                      |
| Th    | is well has 340 psig Sl                                      | COMPLETED OPERATIONS. Clearly show a ITP and 420 psig SICP in Augus 30 day extension in order to fini   | st 2008.               |                                          |          | a water disposal well.                               |
|       |                                                              |                                                                                                         |                        |                                          |          | COPY SENT TO OPERATOR  Date: 1.28.2009  Initials: KS |
| NAM   | E (PLEASE PRINT) Alvin (AI)                                  | ) Arlian                                                                                                | TI'                    | Landman-Regu                             | latory   |                                                      |
|       | ATURE                                                        |                                                                                                         | D/                     | 8/29/2008                                |          | RECEIVED                                             |

(This space for State use only)

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 1270

DATE: 1111 (prinstructions on Reverse Side)

SEP 0 4 2008

DIV. OF OIL, GAS & MINING

| <b>V</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------|--------------------------------------|--|--|
| Vell Name: HOS                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14                                 |                                                                         |                                      |  |  |
|                                       | 5 - 34 - 20<br> Surface Legal Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fernit No.                         | Pieto Kome.                                                             | State                                |  |  |
| 3-047-34756<br>eli Configuration Type | 1291' FSL 8 2056 FEL of sec 26, TYS, R25E<br>Original KB Slevellon (II)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ML45558<br>AB Ground Distance (R): | KB-Casing Figings Distance (R)                                          | Utah<br>KB-Yubing Head Distance (f0) |  |  |
| ertical                               | 5,808.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10.00                              | The County Company                                                      | TO TOOLS THOSE STATES OF             |  |  |
| lost Recent Job<br>b Calegory         | Frimery Job Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Secondary Job Type                 | Sters Date                                                              | End Data                             |  |  |
| ompletion/Workover                    | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other                              | 8/31/2004                                                               | 8/31/2004                            |  |  |
| FIKB (MD)                             | Original Hole: 10/4/2005 12:41:26 PM  Schematic - Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                         |                                      |  |  |
| IKB (MID)                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Schemenc -                         | Actual                                                                  |                                      |  |  |
| <null></null>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
| 10 hermannin                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
| 40                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-                                 | 1, Casing Joints, 16, 15.250, 10,                                       | 30.0                                 |  |  |
| 280                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
| 799                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                  | i, Casing Joints, 9 5/8, 8.921, 10<br>i, Tubing, 2 3/8, 1.995, 10, 2,96 |                                      |  |  |
| 2,971                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
| 2,972                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1/2                                | 2, Pump Seating Nipple, 2 3/8, 1                                        | .995, 2,971, 1.1                     |  |  |
| 2,972                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pe                                 | rforated, 2,972-2,980                                                   |                                      |  |  |
| 2,980                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ŧ                                  |                                                                         |                                      |  |  |
| 3,004                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-3                                | 3, Tubing, 2 3/8, 1,995, 2,973, 31                                      | .5                                   |  |  |
| 3,434                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
| 3,460                                 | PARTITION OF THE PARTIT | Pe                                 | rforated, 3,434-3,460                                                   |                                      |  |  |
| 3,620                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
| 3,795                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pei                                | rforated, 3,620-3,795                                                   |                                      |  |  |
| 4,044                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
| 4,053                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Per                                | forated, 4,044-4,053                                                    |                                      |  |  |
| 5,086                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Per                                | forated, 5,086-5,094, 3/4/2004                                          |                                      |  |  |
| 5,094                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                         |                                      |  |  |
| 6,250                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3-1                                | Casing Joints, 5 1/2, 4.950, 10                                         | 6,240.0                              |  |  |

### STATE OF UTAH

| DIVISION OF OIL, GAS AND MINING                                                                                                                                                                  |                                                       | 5. LEASE DESIGNATION AND SERIAL NUMBER: ML-45558 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON V                                                                                                                                                                  | VELLS                                                 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:            |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-h drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such p | ole depth, reenter plugged wells, or to<br>proposals. | 7. UNIT or CA AGREEMENT NAME:<br>Bonanza Unit    |
| 1. TYPE OF WELL OIL WELL GAS WELL 🗹 OTHER                                                                                                                                                        |                                                       | 8. WELL NAME and NUMBER: Hoss 9-25-34-20         |
| 2. NAME OF OPERATOR:                                                                                                                                                                             |                                                       | 9. API NUMBER:<br>4304734756                     |
| Enduring Resources, LLC 3. ADDRESS OF OPERATOR:                                                                                                                                                  | PHONE NUMBER:                                         | 10. FIELD AND POOL, OR WILDCAT:                  |
| 475 17th Street, Suite 1500 CITY Denver STATE CO ZIP 80202                                                                                                                                       | (303) 350-5114                                        | Wildcat                                          |
| 4. LOCATION OF WELL  FOOTAGES AT SURFACE: 1291' FSL - 2088' FEL  QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWSE 20 9S 25E S                                                                   |                                                       | COUNTY: <b>Uintah</b>                            |
| WINGING DECITOR, TOWNSHIP, TOWNSE, METHODAN GYYOU ZO SO ZOE S                                                                                                                                    | _                                                     | UTAH                                             |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATU                                                                                                                                                     | IRE OF NOTICE, REPOR                                  | RT, OR OTHER DATA                                |
| TYPE OF SUBMISSION                                                                                                                                                                               | TYPE OF ACTION                                        |                                                  |
| NOTICE OF INTENT                                                                                                                                                                                 | PEN                                                   | REPERFORATE CURRENT FORMATION                    |
|                                                                                                                                                                                                  | CTURE TREAT                                           | SIDETRACK TO REPAIR WELL                         |
| Approximate date work will start: CASING REPAIR NEW                                                                                                                                              | CONSTRUCTION                                          | TEMPORARILY ABANDON                              |
| CHANGE TO PREVIOUS PLANS OPE                                                                                                                                                                     | RATOR CHANGE                                          | TUBING REPAIR                                    |
|                                                                                                                                                                                                  | 3 AND ABANDON                                         | VENT OR FLARE                                    |
| SUBSEQUENT REPORT CHANGE WELL NAME PLU                                                                                                                                                           | G BACK                                                | WATER DISPOSAL                                   |
| Date of work completion:                                                                                                                                                                         | DUCTION (START/RESUME)                                | WATER SHUT-OFF                                   |
| COMMINGLE PRODUCING FORMATIONS REC                                                                                                                                                               | LAMATION OF WELL SITE                                 | ✓ отнек: Well Status Report                      |
| 1/2/2009 CONVERT WELL TYPE REC                                                                                                                                                                   | OMPLETE - DIFFERENT FORMATION                         |                                                  |
| 12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent def Well is shut-in being considered as a conversion to a water disposa                                                |                                                       | ıs, etc.                                         |
| Alvin (Al) Arlian                                                                                                                                                                                | Landman-Regula                                        | itory                                            |
| NAME (PLEASE PRINT) Alvin (Al) Arlian                                                                                                                                                            | 13166                                                 |                                                  |
| SIGNATURE                                                                                                                                                                                        | DATE _1/2/2009                                        |                                                  |

(This space for State use only)

**RECEIVED** JAN 0 5 2009

|                                                          | FORIVI 9                                                                                                                                                                           |                                                        |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                          | DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING                                                                                                                    | 5. LEASE DESIGNATION AND SERIAL NUMBER: ML-45558       |
| SUNDRY                                                   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                                                                                                                              |                                                        |
| Do not use this form for proposals to drill a            | new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to aterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. | 7. UNIT or CA AGREEMENT NAME:  Bonanza Unit            |
| 1. TYPE OF WELL OIL WELL                                 |                                                                                                                                                                                    | 8. WELL NAME and NUMBER: Hoss 9-25-34-20               |
| 2. NAME OF OPERATOR:<br>Enduring Resources, LLC          |                                                                                                                                                                                    | 9. API NUMBER:<br>4304734756                           |
| 3. ADDRESS OF OPERATOR:<br>475 17th Street, Suite 1500   | PHONE NUMBER:                                                                                                                                                                      | 10. FIELD AND POOL, OR WILDCAT: Wildcat                |
| 4. LOCATION OF WELL FOOTAGES AT SURFACE: 1291'           |                                                                                                                                                                                    | COUNTY: Uintah                                         |
| QTR/QTR, SECTION, TOWNSHIP, RAI                          | VOL, INCIDENTAL DAVIDE 20 .00 201                                                                                                                                                  | UTAH                                                   |
| 11. CHECK APP                                            | ROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPO                                                                                                                                  | ORT, OR OTHER DATA                                     |
| TYPE OF SUBMISSION                                       | TYPE OF ACTION                                                                                                                                                                     |                                                        |
| NOTICE OF INTENT                                         | ACIDIZE DEEPEN                                                                                                                                                                     | REPERFORATE CURRENT FORMATION SIDETRACK TO REPAIR WELL |
| (Submit in Duplicate)  Approximate date work will start: | ALTER CASING FRACTURE TREAT  CASING REPAIR NEW CONSTRUCTION                                                                                                                        | TEMPORARILY ABANDON                                    |
| Apploannate date work will start                         | CHANGE TO PREVIOUS PLANS OPERATOR CHANGE                                                                                                                                           | TUBING REPAIR                                          |
|                                                          | CHANGE TUBING PLUG AND ABANDON                                                                                                                                                     | VENT OR FLARE                                          |
| SUBSEQUENT REPORT                                        | CHANGE WELL NAME PLUG BACK                                                                                                                                                         | WATER DISPOSAL                                         |
| (Submit Original Form Only)  Date of work completion:    | CHANGE WELL STATUS PRODUCTION (START/RESUME)                                                                                                                                       | WATER SHUT-OFF                                         |
| 4/1/2009                                                 | COMMINGLE PRODUCING FORMATIONS RECLAMATION OF WELL SITE                                                                                                                            | ✓ other: Well Status Report                            |
| 4/1/2009                                                 | CONVERT WELL TYPE RECOMPLETE - DIFFERENT FORMATION                                                                                                                                 |                                                        |
| 12. DESCRIBE PROPOSED OR C                               | OMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volur                                                                                             | nes, etc.                                              |
| MONTHLY WELL STATE                                       | JS REPORT:                                                                                                                                                                         |                                                        |
| This well shall continu                                  | e to be shut-in for the month of April, 2009.                                                                                                                                      |                                                        |
| 1. Enduring is pre                                       | paring an "Action Plan" for this and other shut-in wells.                                                                                                                          |                                                        |
| 2. By May 1, 2009                                        | , the Action Plan is to be submitted for the approval of the DOG&l                                                                                                                 | M.                                                     |
|                                                          |                                                                                                                                                                                    |                                                        |

(This space for State use only)

SIGNATURE

NAME (PLEASE PRINT) Alvin (AI) Arlian

RECEIVED

Landman-Regulatory

3/30/2009

APR 0 2 2009

TITLE

DATE

| STATE OF UTAH  DEPARTMENT OF NATURAL RESOURCES                                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                 | FORM 9                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                        | NG                                                                                                    | 5.LEASE DESIGNATION AND SERIAL NUMBER: ML-45558 |                                               |  |
| SUND                                                                                                                                                                                                                                                                                                                                                                   | N WELLS                                                                                               | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:           |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                        | sals to drill new wells, significantly deepen ex<br>ugged wells, or to drill horizontal laterals. Use |                                                 | 7.UNIT or CA AGREEMENT NAME:<br>BONANZA       |  |
| 1. TYPE OF WELL<br>Gas Well                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                 | 8. WELL NAME and NUMBER:<br>HOSS 9-25-34-20   |  |
| 2. NAME OF OPERATOR:<br>Enduring Resources, LLC                                                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                 | <b>9. API NUMBER:</b> 43047347560000          |  |
| 3. ADDRESS OF OPERATOR:<br>475 17th Street, Suite 1500,                                                                                                                                                                                                                                                                                                                | Denver, CO, 80202 303 35                                                                              | PHONE NUMBER:<br>0-5114 Ext                     | 9. FIELD and POOL or WILDCAT:<br>UNDESIGNATED |  |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1291 FSL 2088 FEL                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                 | COUNTY:<br>UINTAH                             |  |
| QTR/QTR, SECTION, TOWNSHI<br>Qtr/Qtr: SWSE Section: 20                                                                                                                                                                                                                                                                                                                 | IP, RANGE, MERIDIAN:<br>Township: 09.0S Range: 25.0E Meridian: S                                      |                                                 | STATE:<br>UTAH                                |  |
| 11. CHE                                                                                                                                                                                                                                                                                                                                                                | CK APPROPRIATE BOXES TO INDICATE                                                                      | NATURE OF NOTICE, REPORT,                       | OR OTHER DATA                                 |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       | TYPE OF ACTION                                  |                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                        | ACIDIZE                                                                                               | ALTER CASING                                    | CASING REPAIR                                 |  |
| NOTICE OF INTENT Approximate date work will start:                                                                                                                                                                                                                                                                                                                     | ☐ CHANGE TO PREVIOUS PLANS                                                                            | CHANGE TUBING                                   | CHANGE WELL NAME                              |  |
| Approximate date work will start.                                                                                                                                                                                                                                                                                                                                      | ☐ CHANGE WELL STATUS                                                                                  | COMMINGLE PRODUCING FORMATIONS                  | ☐ CONVERT WELL TYPE                           |  |
| SUBSEQUENT REPORT Date of Work Completion:                                                                                                                                                                                                                                                                                                                             | ☐ DEEPEN ☐                                                                                            | FRACTURE TREAT                                  | ☐ NEW CONSTRUCTION                            |  |
| 5/29/2009                                                                                                                                                                                                                                                                                                                                                              | OPERATOR CHANGE                                                                                       | PLUG AND ABANDON                                | ☐ PLUG BACK                                   |  |
| SPUD REPORT                                                                                                                                                                                                                                                                                                                                                            | ☐ PRODUCTION START OR RESUME                                                                          | RECLAMATION OF WELL SITE                        | RECOMPLETE DIFFERENT FORMATION                |  |
| Date of Spud:                                                                                                                                                                                                                                                                                                                                                          | REPERFORATE CURRENT FORMATION                                                                         | SIDETRACK TO REPAIR WELL                        | TEMPORARY ABANDON                             |  |
|                                                                                                                                                                                                                                                                                                                                                                        | ☐ TUBING REPAIR                                                                                       | VENT OR FLARE                                   | ☐ WATER DISPOSAL                              |  |
| DRILLING REPORT Report Date:                                                                                                                                                                                                                                                                                                                                           | ☐ WATER SHUTOFF                                                                                       | SI TA STATUS EXTENSION                          | APD EXTENSION                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                        | ☐ WILDCAT WELL DETERMINATION ☐                                                                        | OTHER                                           | OTHER: Monthly Status Report                  |  |
| 12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.  5-29-2009 Pursuant to an Action Plan submitted to DOG&M May-2009, this well shall continue to be shut-in while six other wells are being plugged accepted by the commencing June-2009.  Utah Division of Oil, Gas and Mining FOR RECORD ONLY |                                                                                                       |                                                 |                                               |  |
| NAME (PLEASE PRINT)<br>Alvin Arlian                                                                                                                                                                                                                                                                                                                                    | <b>PHONE NUMBER</b> 303 350-5114                                                                      | TITLE<br>Landman-Regulatory                     |                                               |  |
| SIGNATURE<br>N/A                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       | <b>DATE</b> 5/29/2009                           |                                               |  |

| STATE OF UTAH                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                       | FORM 9                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                               | DEPARTMENT OF NATURAL RESOURCE<br>DIVISION OF OIL, GAS, AND MI                               |                                       | 5.LEASE DESIGNATION AND SERIAL NUMBER: ML-45558 |  |
| SUNDF                                                                                                                                                                                                                                                                                                                                                                                         | ON WELLS                                                                                     | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME: |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                               | sals to drill new wells, significantly deepe<br>gged wells, or to drill horizontal laterals. |                                       | 7.UNIT or CA AGREEMENT NAME:<br>BONANZA         |  |
| 1. TYPE OF WELL<br>Gas Well                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                       | 8. WELL NAME and NUMBER:<br>HOSS 9-25-34-20     |  |
| 2. NAME OF OPERATOR:<br>Enduring Resources, LLC                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                       | 9. API NUMBER:<br>43047347560000                |  |
| 3. ADDRESS OF OPERATOR:<br>475 17th Street, Suite 1500,                                                                                                                                                                                                                                                                                                                                       | Denver, CO, 80202 303                                                                        | PHONE NUMBER:<br>350-5114 Ext         | 9. FIELD and POOL or WILDCAT:<br>UNDESIGNATED   |  |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1291 FSL 2088 FEL                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                       | COUNTY:<br>UINTAH                               |  |
| QTR/QTR, SECTION, TOWNSHI<br>Qtr/Qtr: SWSE Section: 20                                                                                                                                                                                                                                                                                                                                        | P, RANGE, MERIDIAN:<br>Township: 09.0S Range: 25.0E Meridian:                                | : S                                   | STATE:<br>UTAH                                  |  |
| 11.<br>CHE                                                                                                                                                                                                                                                                                                                                                                                    | CK APPROPRIATE BOXES TO INDICA                                                               | TE NATURE OF NOTICE, REPORT,          | OR OTHER DATA                                   |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | TYPE OF ACTION                        |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                               | ☐ ACIDIZE                                                                                    | ALTER CASING                          | CASING REPAIR                                   |  |
| NOTICE OF INTENT Approximate date work will start:                                                                                                                                                                                                                                                                                                                                            | ☐ CHANGE TO PREVIOUS PLANS                                                                   | CHANGE TUBING                         | CHANGE WELL NAME                                |  |
| /                                                                                                                                                                                                                                                                                                                                                                                             | CHANGE WELL STATUS                                                                           | COMMINGLE PRODUCING FORMATIONS        | CONVERT WELL TYPE                               |  |
| SUBSEQUENT REPORT Date of Work Completion: 6/30/2009                                                                                                                                                                                                                                                                                                                                          | DEEPEN                                                                                       | FRACTURE TREAT                        | ☐ NEW CONSTRUCTION                              |  |
| 0,30,2003                                                                                                                                                                                                                                                                                                                                                                                     | ☐ OPERATOR CHANGE                                                                            | ☐ PLUG AND ABANDON                    | ☐ PLUG BACK                                     |  |
| SPUD REPORT Date of Spud:                                                                                                                                                                                                                                                                                                                                                                     | ☐ PRODUCTION START OR RESUME                                                                 | RECLAMATION OF WELL SITE              | RECOMPLETE DIFFERENT FORMATION                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               | ☐ REPERFORATE CURRENT FORMATION                                                              | ☐ SIDETRACK TO REPAIR WELL            | ☐ TEMPORARY ABANDON                             |  |
| DRILLING REPORT                                                                                                                                                                                                                                                                                                                                                                               | ☐ TUBING REPAIR                                                                              |                                       | WATER DISPOSAL                                  |  |
| Report Date:                                                                                                                                                                                                                                                                                                                                                                                  | ☐ WATER SHUTOFF                                                                              | SI TA STATUS EXTENSION                | ☐ APD EXTENSION                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                               | ☐ WILDCAT WELL DETERMINATION                                                                 | ✓ OTHER                               | OTHER: Monthly Status Report                    |  |
| 12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.  6-30-2009 Pursuant to an Action Plan submitted to and approved by the DOG&M in May-2009, this well shall continue to be shut-in while six other Accepted by the wells are being plugged commencing June-2009.  Utah Division of Oil, Gas and Mining FOR RECORD ONLY |                                                                                              |                                       |                                                 |  |
| NAME (PLEASE PRINT)<br>Alvin Arlian                                                                                                                                                                                                                                                                                                                                                           | <b>PHONE NUMBE</b> 303 350-5114                                                              | R TITLE<br>Landman-Regulatory         |                                                 |  |
| SIGNATURE<br>N/A                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              | <b>DATE</b> 6/30/2009                 |                                                 |  |

|                                                                                                   | STATE OF UTAH                                                                                  |                  |                                                      |                 | FORM 9                                    |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------|-----------------|-------------------------------------------|
|                                                                                                   | DIVISION OF OIL, GAS, AND MI                                                                   |                  | 3                                                    | 5.LEAS<br>ML-45 | E DESIGNATION AND SERIAL NUMBER: 558      |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                               |                                                                                                |                  |                                                      |                 | NDIAN, ALLOTTEE OR TRIBE NAME:            |
| Do not use this form for propo<br>bottom-hole depth, reenter plu<br>DRILL form for such proposals | sals to drill new wells, significantly deeper<br>ugged wells, or to drill horizontal laterals. | n exist<br>Use A | ting wells below current<br>PPLICATION FOR PERMIT TO | 7.UNIT<br>BONA  | or CA AGREEMENT NAME:<br>NZA              |
| 1. TYPE OF WELL<br>Gas Well                                                                       |                                                                                                |                  |                                                      |                 | L NAME and NUMBER:<br>9-25-34-20          |
| 2. NAME OF OPERATOR:<br>Enduring Resources, LLC                                                   |                                                                                                |                  |                                                      |                 | NUMBER:<br>'347560000                     |
| 3. ADDRESS OF OPERATOR:<br>475 17th Street, Suite 1500,                                           |                                                                                                |                  | UMBER:<br>5114 Ext                                   |                 | <b>D and POOL or WILDCAT:</b><br>SIGNATED |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1291 FSL 2088 FEL                                  |                                                                                                |                  |                                                      | COUNT           |                                           |
| QTR/QTR, SECTION, TOWNSHI                                                                         | IP, RANGE, MERIDIAN:<br>Township: 09.0S Range: 25.0E Meridian:                                 | S                |                                                      | STATE:<br>UTAH  |                                           |
| 11. CHE                                                                                           | CK APPROPRIATE BOXES TO INDICA                                                                 | TE N             | ATURE OF NOTICE, REPORT                              | , OR OTI        | HER DATA                                  |
| TYPE OF SUBMISSION                                                                                |                                                                                                |                  | TYPE OF ACTION                                       |                 |                                           |
| _                                                                                                 | ☐ ACIDIZE                                                                                      |                  | ALTER CASING                                         |                 | CASING REPAIR                             |
| ✓ NOTICE OF INTENT Approximate date work will start:                                              | ☐ CHANGE TO PREVIOUS PLANS                                                                     |                  | CHANGE TUBING                                        |                 | CHANGE WELL NAME                          |
| 11/12/2010                                                                                        | ☐ CHANGE WELL STATUS                                                                           |                  | COMMINGLE PRODUCING FORMATIONS                       |                 | CONVERT WELL TYPE                         |
| SUBSEQUENT REPORT                                                                                 | DEEPEN                                                                                         |                  | FRACTURE TREAT                                       |                 | NEW CONSTRUCTION                          |
| Date of Work Completion:                                                                          | OPERATOR CHANGE                                                                                | 1                | PLUG AND ABANDON                                     |                 | PLUG BACK                                 |
| _                                                                                                 | ☐ PRODUCTION START OR RESUME                                                                   |                  | RECLAMATION OF WELL SITE                             |                 | RECOMPLETE DIFFERENT FORMATION            |
| SPUD REPORT Date of Spud:                                                                         | REPERFORATE CURRENT FORMATION                                                                  |                  | SIDETRACK TO REPAIR WELL                             |                 | TEMPORARY ABANDON                         |
|                                                                                                   | ☐ TUBING REPAIR                                                                                |                  | VENT OR FLARE                                        |                 | WATER DISPOSAL                            |
| ☐ DRILLING REPORT                                                                                 | ☐ WATER SHUTOFF                                                                                |                  | SI TA STATUS EXTENSION                               |                 | APD EXTENSION                             |
| Report Date:                                                                                      | ☐ WILDCAT WELL DETERMINATION                                                                   |                  | OTHER                                                | отн             | ER:                                       |
| 12 DESCRIBE PROPOSED OR CO                                                                        | DMPLETED OPERATIONS. Clearly show all pe                                                       | rtinen           | t details including dates, denths                    | volumes         | etc                                       |
|                                                                                                   | Proposed plugging procedure a                                                                  |                  | • • • •                                              | volunies,       | etc.                                      |
|                                                                                                   | 1 33 31                                                                                        |                  |                                                      |                 | Approved by the                           |
|                                                                                                   |                                                                                                |                  |                                                      |                 | Jtah Division of                          |
|                                                                                                   |                                                                                                |                  |                                                      | Oi              | l, Gas and Mining                         |
|                                                                                                   |                                                                                                |                  |                                                      | Date:           | November 03, 2010                         |
|                                                                                                   |                                                                                                |                  | •                                                    | Juce.           | 14 / 1 - A                                |
|                                                                                                   |                                                                                                |                  | I                                                    | Ву:             | The true                                  |
|                                                                                                   |                                                                                                |                  |                                                      |                 |                                           |
|                                                                                                   |                                                                                                |                  |                                                      |                 |                                           |
|                                                                                                   |                                                                                                |                  |                                                      |                 |                                           |
|                                                                                                   |                                                                                                |                  |                                                      |                 |                                           |
|                                                                                                   |                                                                                                |                  |                                                      |                 |                                           |
|                                                                                                   |                                                                                                |                  |                                                      |                 |                                           |
| NAME (PLEASE PRINT)<br>Alvin Arlian                                                               | PHONE NUMBER<br>303 350-5114                                                                   |                  | TITLE Landman-Regulatory                             |                 |                                           |
| SIGNATURE                                                                                         |                                                                                                |                  | DATE                                                 |                 |                                           |
| N/A                                                                                               |                                                                                                |                  | 10/14/2010                                           |                 |                                           |



#### The Utah Division of Oil, Gas, and Mining

- State of Utah
- Department of Natural Resources

**Electronic Permitting System - Sundry Notices** 

### **Sundry Conditions of Approval Well Number 43047347560000**

- 1. Notify the Division at least 24 hours prior to conducting abandonment operations. Please call Dan Jarvis at 801-538-5338.
- 2. All balanced plugs shall be tagged to ensure that they are at the depth specified.
  - 3. All annuli shall be cemented from a minimum depth of 100' to the surface.
  - 4. Surface reclamation shall be done in accordance with R649-3-34 Well Site Restoration.
- 5. All requirements in the Oil and Gas Conservation General Rule R649-3-24 shall apply.
- 6. If there are any changes to the procedure or the wellbore configuration, notify Dustin Doucet at 801-538-5281 (ofc) or 801-733-0983 (home) prior to continuing with the procedure.
  - 7. All other requirements for notice and reporting in the Oil and Gas Conservation General Rules shall apply.

Approved by the Utah Division of Oil, Gas and Mining

Date: November 03, 2010

Bv:

**API Well No:** 43-047-34756-00-00

Permit No:

Well Name/No: HOSS 9-25-34-20

Company Name: ENDURING RESOURCES, LLC Location: Sec: 20 T: 9S R: 25E Spot: SWSE

Coordinates: X: 660253 Y: 4431209

Field Name: UNDESIGNATED

County Name: UINTAH

| Plugt |   |    |    |
|-------|---|----|----|
| 90'=  | + | 10 | SX |

Cement from 560 ft. to surface Surface: 9.625 in. @ 560 ft. Hole: 12.25 in. @ 560 ft.

6201

Pluy#3

| String | Information |
|--------|-------------|
| String | Information |

| String       | Bottom (ft sub) | Diameter (inches) | Weight (lb/ft) | Length (ft) | Capacity<br>(f/(+) |
|--------------|-----------------|-------------------|----------------|-------------|--------------------|
| HOL1         | 560             | 12.25             | 26             | 560         |                    |
| SURF<br>HOL2 | 560<br>6250     | 9.625<br>7.875    | 36             | 560         |                    |
| PROD         | 6250            | 5.5               | 15.5           | 6250        | 7.483              |
| T1           | 4976            | 2.375             | 13.3           | 0230        | £403               |
|              |                 |                   |                |             |                    |

#### **Cement Information**

|        | BOC      | TOC      |       |       |
|--------|----------|----------|-------|-------|
| String | (ft sub) | (ft sub) | Class | Sacks |
| PROD   | 6250     | 300      | UK    | 272   |
| PROD   | 6250     | 300      | PC    | 806   |
| SURF   | 560      | 0        | T5    | 265   |

WSTEH

Alsove losk = 86' VOK.

3300

(ft sub)

Perforation Information

Top **Bottom** (ft sub) 5930 2980

**Formation Information** 

Formation

UNTA GRRV

WSTC

**MVRD** 

**MNCS** 

3460 4053

Depth

160

2135

3670

6530

Shts/Ft No Shts Dt Squeeze

Approved by the **Utah Division of** Oil, Gas and Mining

November 03, 2010

74053

> 3620

Cement from 6250 ft. to 300 ft.

Tubing: 2.375 in. @ 4976 ft.

5086

Production: 5.5 in. @ 6250 ft. Hole: 7.875 in. @ 6250 ft.

Hole: Unknown 59301

TD:

6300 TVD:

6300 PBTD:

5875

### Hoss #9-25-34-20 Proposed P&A Procedure

9 5/8" @ 560' TOC at Surface 5 ½" 15.5# @ 6,488' TOC at Surface PBTD: CIBP at 3,385'

Tubing 2 3/8" at 2,617'

Prior to MI check deadmen and blow down the well MIRU, NDWH, NUBOP POH and check tubing TIH to PBTD (CIBP at 3,385') Spot 10 sacks of cement POH TIH with CICR and set at 2,920' Squeeze 20 sacks below and 10 on top

Pressure test casing, if test fails call for orders Roll hole with produced water and corrosion inhibitor POH to 620' and spot 20 sacks (100' plug) POH, leave 3 joints in the hole

Circulate cement to surface, POH

Cut off wellhead

Top off cement in long string and annulus with 1" tubing if necessary on Weld Plate RDMO

|                                                                  | STATE OF UTAH                                                                                 |                                | FORM 9                                      |  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|--|
|                                                                  | <b>5.LEASE DESIGNATION AND SERIAL NUMBER:</b> ML-45558                                        |                                |                                             |  |
| SUNDF                                                            | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                                         |                                |                                             |  |
|                                                                  | sals to drill new wells, significantly deepe<br>ggged wells, or to drill horizontal laterals. |                                | 7.UNIT or CA AGREEMENT NAME:<br>BONANZA     |  |
| 1. TYPE OF WELL<br>Gas Well                                      |                                                                                               |                                | 8. WELL NAME and NUMBER:<br>HOSS 9-25-34-20 |  |
| 2. NAME OF OPERATOR:<br>Enduring Resources, LLC                  | <b>9. API NUMBER:</b> 43047347560000                                                          |                                |                                             |  |
| 3. ADDRESS OF OPERATOR:<br>475 17th Street, Suite 1500 ,         |                                                                                               | IONE NUMBER:<br>3 350-5114 Ext | 9. FIELD and POOL or WILDCAT: UNDESIGNATED  |  |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1291 FSL 2088 FEL |                                                                                               |                                | COUNTY:<br>UINTAH                           |  |
| QTR/QTR, SECTION, TOWNSHI                                        | IP, RANGE, MERIDIAN:<br>Township: 09.0S Range: 25.0E Meridian                                 | n: S                           | STATE:<br>UTAH                              |  |
| 11. CHE                                                          | CK APPROPRIATE BOXES TO INDICA                                                                | ATE NATURE OF NOTICE, REPOR    | T, OR OTHER DATA                            |  |
| TYPE OF SUBMISSION                                               |                                                                                               | TYPE OF ACTION                 |                                             |  |
| ACIDIZE                                                          |                                                                                               |                                |                                             |  |
| NAME (PLEASE PRINT) Alvin Arlian                                 | PHONE NUMBE                                                                                   | R TITLE Landman-Regulatory     |                                             |  |
| SIGNATURE<br>N/A                                                 | 303 350-5114                                                                                  | DATE<br>11/24/2010             |                                             |  |

Hoss 9-25-34-20 Well Plugging Subsequent Report

- 11-18-2010 MIRU Western Wellsite Service. Hold pre job safety meeting. Blow down well. ND WH, NU BOPE. SWIF Weekend.
- 11-22-2010 Install and test anchors with Benco Well Service. Hold pre-job safety meeting. Blow well down. TOOH tallying pipe. LD SN and BS. PU 4 3/4" bit and TIH to CIBP @3378'. Load hole with 60 BFW w/corrosion inhibitor. Mix and pump 10 sacks Class G cement on top of CIBP. TOOH, LD bit. PU 5.5" CICR and TIH and set @2902'. Pressure test csg and tbg to 700 psi. Good press test. Mix and pump 30 sacks Class G cement, 20 sacks under CICR and 10 sacks on top. TOOH to 624'. Mix and pump 20 sacks Class G balanced plug. TOOH. WOC. SWIFN.
- 11-23-2010 Pre-job safety meeting. TIH and tag cement @444'. TOOH. ND BOPE. TIH to 98'. Mix and pump 15 sacks Class G cement to surface. POOH. RD rig. Dig out wellhead. Cut off wellhead. Top off csg with 5 sacks cement. Weld on info plate. Backfill. Release Rig. All plugs witnessed by Richard Powell-DOG&M.

Sundry Number: 19700 API Well Number: 43047347560000

|                                                                  | FORM 9                                                                                           |                                               |                                         |  |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|--|
|                                                                  | 5.LEASE DESIGNATION AND SERIAL NUMBER: ML-45558                                                  |                                               |                                         |  |
| SUND                                                             | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                                            |                                               |                                         |  |
|                                                                  | sals to drill new wells, significantly deepen<br>ugged wells, or to drill horizontal laterals. I |                                               | 7.UNIT or CA AGREEMENT NAME:<br>BONANZA |  |
| 1. TYPE OF WELL<br>Gas Well                                      |                                                                                                  | 8. WELL NAME and NUMBER:<br>HOSS 9-25-34-20   |                                         |  |
| 2. NAME OF OPERATOR:<br>Enduring Resources, LLC                  | 9. API NUMBER:<br>43047347560000                                                                 |                                               |                                         |  |
| <b>3. ADDRESS OF OPERATOR:</b> 511-16th Street, Suite 700 , [    | DNE NUMBER:<br>50-5114 Ext                                                                       | 9. FIELD and POOL or WILDCAT:<br>UNDESIGNATED |                                         |  |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1291 FSL 2088 FEL |                                                                                                  |                                               | COUNTY:<br>UINTAH                       |  |
| QTR/QTR, SECTION, TOWNSHI<br>Qtr/Qtr: SWSE Section: 20           | IP, RANGE, MERIDIAN:<br>Township: 09.0S Range: 25.0E Meridian:                                   | S                                             | STATE:<br>UTAH                          |  |
| 11. CHE                                                          | CK APPROPRIATE BOXES TO INDICA                                                                   | TE NATURE OF NOTICE, REPORT,                  | OR OTHER DATA                           |  |
| TYPE OF SUBMISSION                                               |                                                                                                  | TYPE OF ACTION                                |                                         |  |
| ACIDIZE                                                          |                                                                                                  |                                               |                                         |  |
| NAME (PLEASE PRINT)                                              | PHONE NUMBER                                                                                     |                                               |                                         |  |
| Alvin Arlian  SIGNATURE                                          | 303 350-5114                                                                                     | Landman-Regulatory  DATE                      |                                         |  |
| N/A                                                              |                                                                                                  | 10/21/2011                                    |                                         |  |